

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000091667

1. Entity Name

IMBS, INC.



Principal Place of Business
1900 WINSTON RD
KNOXVILLE TN 37919

Mailing Address
P O BOX 30698
KNOXVILLE TN 37919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0622847**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPAS ☐ Delete
NAME GOLDFELD, ARON
STREET ADDRESS 100 NW 70TH AVE
CITY-ST-ZIP PLANTATION FL 33317

TITLE AS ☐ Delete
NAME STAIR, JOHN R
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VD ☐ Delete
NAME MASSINGALE, H. LYNN
STREET ADDRESS 1900 WINSTON ROAD, SUITE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VT ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE DPT ☐ Delete
NAME SHERLIN, STEPHEN
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE DVPS ☐ Delete
NAME JOYNER, ROBERT
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **000000064427**
STREET ADDRESS **02/24/04-80012-003 150.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

John Stair, Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 865-293-8665
Date Daytime Phone #