

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000027366

1. Entity Name
TELIMAGINE, INC.



Principal Place of Business
**311 PARK PLACE BLVD
STE 100
CLEARWATER, FL 33759 US**

Mailing Address
**311 PARK PLACE BLVD
STE 100
CLEARWATER, FL 33759 US**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3368755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W II
400 NORTH TAMPA STREET
SUTIE 2300
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**U00000325404
04/23/05-80015-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CCEO
THOMPSON, JACK A
311 PARK PLACE BLVD., #100
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCFO
FRANKEL, TODD C.
311 PARK PLACE BLVD., #100
CLEARWATER, FL 33959**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PRIVITERA, JOSEPH M
311 PARK PLACE BLVD ST. 100
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #