2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90027 043 ***150.00

DOCUMENT # P96000104593

1. Entity Name
IMAGINATION CONCEPTS, LTD., INC.

44049208

Principal Place of Business	Mailing Address
ATTN: PHYLLIS ADAMS 8466 N. LOCKWOOD RIDGE ROAD #132 SARASOTA, FL 34243-4338 US	ATTN: PHYLLIS ADAMS 8466 N. LOCKWOOD RIDGE ROAD #132 SARASOTA, FL 34243-4338 US

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07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0713260
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOIGHT, STEPHEN F PA
2414 BEE RIDGE ROAD
SARASOTA, FL 34239

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS [redacted]
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LYONS, PHYLLIS
STREET ADDRESS	8127 50TH ST. CIRCLE E.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	ADAMS, MICHAEL A.
STREET ADDRESS	8127 50TH ST. CIRCLE E.
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/10/04 (941)746-6046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
44049208

RE: DOC# P96000104593

Phyllis Adams
[redacted]

7/10/04

Bev's Downtown Florist
528 12th Street West
Bradenton, FL 34205
(941) 746-6040

(IMAGINATION CONCEPTS, LTD. INC)
FEI # 65-0713260

Dear Sir or Madame;
We have attempted to reach your office "17 Times; finally we reached a person. She informed us to download this form and mail a check enclosed in the amount of $150.00! We recently received a post card from your agency telling us our "Corp" would be dissolved in "60" days if you didn't hear from us.

I am a loyal supporter of the Cystic Fibrosis Foundation.

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