

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90195 009 ***150.00

DOCUMENT # P97000082287

1. Entity Name
ELEGANT IMAGE, INC.



Principal Place of Business

**500 N.W. 60TH STREET
SUITE B
GAINESVILLE, FL 32607**

Mailing Address

**500 N.W. 60TH STREET
SUITE B
GAINESVILLE, FL 32607**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3473127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANCASTER, DONNIE R
500 N.W. 60TH ST.
GAINESVILLE, FL 32669**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
RODRIGUEZ, SHERRI M
20955 SW 166 PLACE
HIGH SPRINGS, FL 32643** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
LANCASTER, DONNIE R
8950 NW 125 ST.
CHIEFLAND, FL 32626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Rachael Cole
6276 SW 8th PL
G'ville Fla 32607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Michael Sanchez
6276 SW 8th PL
G'ville Fla 32607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

_____ ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Donnie R Lancaster

Donnie R Lancaster

4/25/07

352-332-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #