

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000101563		
1. Entity Name IMAGE-IN TECHNOLOGY, INC.		

Principal Place of Business 1921 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1921 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712
--	--



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3490318	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent MOSER, LOUIS A 1921 5TH AVE. SOUTH SAINT PETERSBURG, FL 33712
--

**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 of person or printed name of registered agent and date if applicable) (NO) Registered Agent signature is required when re-electing (Date)

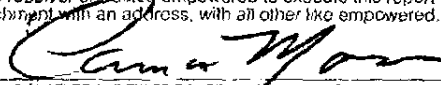
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	---	--

10. OFFICERS AND DIRECTORS	
T NAME BROCKWELL, JOHN STREET ADDRESS 3713 WILDERNESS BLVD W CITY- ST- ZIP PARRISH, FL 34219	
P NAME MOSER, LOUIS A STREET ADDRESS 6680 31ST TERRACE NORTH CITY- ST- ZIP SAINT PETERSBURG, FL 33710	
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	

U00000503286
04/26/06-80026-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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