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	Mailing Address
1921 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712	1921 5TH AVENUE SOUTH ST. PETERSBURG, FL 33712

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

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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 _____ (Required) Type or print 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BROCKWELL, JOHN
STREET ADDRESS	3713 WILDERNESS BLVD W
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	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	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80026-005 150.00

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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 Date