

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90168 038 \*\*\*150.00

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

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

3131 MORRIS ST. N.

3. Mailing Address

3131 MORRIS ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3131 MORRIS ST. N.

City

St. Petersburg

FL

Zip Code

33713

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

T  
BROCKWELL, JOHN ☒ Delete  
3713 WILDERNESS BLVD W  
PARRISH FL 34219

P  
MOSER, LOUIS A ☐ Delete  
6680 31ST TERRACE NORTH  
SAINT PETERSBURG FL 33710

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS MOSER

Date

1/30/07

Daytime Phone #

(727) 820-0271