

**FORM FOR PROFIT CORPORATION
ANNUAL F**

DOCUMENT # P98000030113

1. Entity Name
EXECUTIVE IMAGE, INC.



Principal Place of Business

21218 ST. ANDREWS BLVD., #231
BOCA RATON, FL 33433

Mailing Address

21218 ST. ANDREWS BLVD., #231
BOCA RATON, FL 33433

FILED
Feb 24, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-0824861** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

NEDUSKI, SUE
615 NE 12 AVE
FT LAUDERDALE, FL 33304

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEDUSKI, SUE
STREET ADDRESS	615 NE 12 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	S
NAME	BERNARD, MARILYN
STREET ADDRESS	20100 BOCA WEST DRIVE, APT 153
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sue Neduski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

561-488-4668

Daytime Phone #