


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000079004		
1. Entity Name IMAGINATION STATION OF POLK COUNTY, INC.		
Principal Place of Business 1200 34TH ST. NW WINTER HAVEN, FL 33881	Mailing Address 1200 34TH ST. NW WINTER HAVEN, FL 33881	
DO NOT WRITE IN THIS SPACE		
		01282008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3535741		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELLERBEE, SONIA 345 E. CUMMINGS ST. LAKE ALFRED, FL 33850		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLERBEE, SONIA L 1200 34TH ST- NW WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLERBEE, MORRIS 1200 34TH ST- NW WINTER HAVEN, FL 33881	
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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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Sonia L. Ellerbe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1-28-08</i> <i>863-967-384</i> <small>Date Daytime Phone #</small>