

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 027 ***150.00

DOCUMENT # P99000036908 1. Entity Name THE IMAGE FORUM, INC.			
Principal Place of Business 13102 N. DALE MABRY TAMPA, FL 33618		Mailing Address 13102 N. DALE MABRY TAMPA, FL 33618	
2. Principal Place of Business 5432-B WEST CRENSHAW Suite, Apt. #, etc.		3. Mailing Address 5432-B WEST CRENSHAW Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA Zip 33634		City & State TAMPA, FL Zip 33634	
Country USA		Country USA	
4. FEI Number 59-3573159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEDUC, ARTHUR 13102 N. DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name LEDUC, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 5432-B W. CRENSHAW ST. City TAMPA FL Zip Code 33634	
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 resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LEDUC, ARTHUR STREET ADDRESS 13102 N. DALE MABRY HWY CITY - ST - ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE BOB NAME BOB STREET ADDRESS 5432-B West Crenshaw St. CITY - ST - ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/05 8138847484 <small>Date Daytime Phone #</small>	