2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15015

City-St-Zip:

FT. MYERS, FL 33966

Name: IMAGES GRAPHIC SPECIALTIES INC

FILED Mar 24, 2009 Secretary of State

Entity Name: IMAGES GRAPHIC SPECIALTIES, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
11803 MET FT. MYERS	RO PKWY 8, FL 33966	US	3730 CANAL ST. FT. MYERS, FL 33916	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
11803 MET FT. MYERS	RO PKWY 8, FL 33966	US	3730 CANAL ST. FT. MYERS, FL 33916	US	
FEI Number:	65-0246030	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
HOSE, JOH 11803 MET FT. MYERS		US	HOSE, JOHN F. 3730 CANAL ST. FT. MYERS, FL 33916	US	
The above in the State		submits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: JOHN F. HOSE				03/24/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () HOSE, JOHN F 5531 MACKAB FT MYERS, FL	OY CT.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	V () HOSE, RENEE 5531 MACKAB FT MYERS, FL	OY CT.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	S () HORST, SHARA 8116 BRETON		Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN F. HOSE PRES 03/24/2009