

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S26336

1. Entity Name
UNITED IMAGE TECHNOLOGIES, INC.



Principal Place of Business
255 PRIMERA BLVD.
SUITE 160
LAKE MARY, FL 32746

Mailing Address
255 PRIMERA BLVD STE 160
LAKE MARY, FL 32746



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3070270

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SNYDER, JEFF
255 PRIMERA BLVD STE 160
LAKE MARY, FL 32746

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U000000908505
05/06/08-80028-010 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME FISCHER, KENNETH M.
STREET ADDRESS 255 PRIMERA BLVD STE 160
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME FISCHER, KEITH M
STREET ADDRESS 300 PRIMERA BLVD STE 100
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE P
NAME FRANZE, DAVID M
STREET ADDRESS 255 PRIMERA BLVD STE 160
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE GC
NAME SNYDER, JEFF
STREET ADDRESS 255 PRIMERA BLVD STE 160
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VP
NAME MIHAL, JAMES
STREET ADDRESS 300 PRIMERA BLVD STE 100
CITY-ST-ZIP LAKE MARY, FL 32746

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/8 407-875-2120
Date Daytime Phone #