

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63134

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: IMAGE JANITORIAL SERVICES INC.

**Current Principal Place of Business:**

814 14TH STREET  
LAKE PARK, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

814 14TH STREET  
LAKE PARK, FL 33403 US

**New Mailing Address:**

FEI Number: 65-0273834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, TIMOTHY B.  
5120 ELPINE WAY  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

WILSON, TIMOTHY B.  
5120 ELPINE WAY  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/10/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: WILSON, CHIRSTOPHER T.  
Address: 527 GULF RD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P ( ) Delete  
Name: WILSON, TIMOTHY B.,  
Address: 5120 ELPINE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WILSON, TIMOTHY B.,  
Address: 5120 ELPINE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TIMOTHY B WILSON

Electronic Signature of Signing Officer or Director

PRES

01/10/2005

Date