

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63134

FILED  
Feb 08, 2006  
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 33418 US

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

WILSON, TIMOTHY B.  
4277 MAGNOLIA STREET  
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: TIMOTHY B WILSON

02/08/2006

Electronic Signature of Registered Agent

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 33418

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

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

Title: P (X) Change ( ) Addition  
Name: WILSON, TIMOTHY B.,  
Address: 4277 MAGNOLIA STREET  
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 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.

SIGNATURE: TIMOTHY B. WILSON

P

02/08/2006

Electronic Signature of Signing Officer or Director

Date