

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J97727

**Entity Name:** IMAGIFORCE, INC.

**Current Principal Place of Business:**

218 E. BEARSS AVENUE  
#308  
TAMPA, FL 33613

**Current Mailing Address:**

218 E. BEARSS AVENUE  
#308  
TAMPA, FL 33613

**FEI Number:** 59-2760334

**Certificate of Status Desired:** No

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

FORCE, KAREN AVP, ST  
218 E. BEARSS AVENUE  
#308  
TAMPA, FL 33613 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, P  
Name FORCE, ANNE  
Address 218 E. BEARSS AVENUE  
#308  
City-State-Zip: TAMPA FL 33613

Title ST  
Name FORCE, KAREN  
Address 218 E. BEARSS AVENUE, # 308  
City-State-Zip: TAMPA FL 33613

Title VP  
Name FORCE, MICHAEL  
Address 218 E. BEARSS AVENUE, # 308  
City-State-Zip: TAMPA FL 33613

*I hereby 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 all other like empowered.*

**SIGNATURE:** KAREN A. FORCE

**VICE PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date