


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90027 050 ***158.75

DOCUMENT # F03000005018

1. Entity Name
IMAGE RESOURCE GROUP, INC.



Principal Place of Business
 3924 FOREST DRIVE
 COLUMBIA, SC 29204

Mailing Address
 3924 FOREST DRIVE
 COLUMBIA, SC 29204

54061701



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
58-2361446

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAMBLE, TIMOTHY S
3201 S. PORT ROYALE DR., #G
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GAMBLE, TIMOTHY S	
STREET ADDRESS	1412 WESTMINSTER DRIVE	
CITY-ST-ZIP	COLUMBIA, SC 29204	
TITLE	V	<input type="checkbox"/> Delete
NAME	RANDALL, TED	
STREET ADDRESS	515 NOTTINGHAM ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29212	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HAYWARD, RICHARD E III	
STREET ADDRESS	2014 CEDARBROOK COURT	
CITY-ST-ZIP	COLUMBIA, SC 29212	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COOPER, MILES D	
STREET ADDRESS	7600 CHARLES FERRY DRIVE	
CITY-ST-ZIP	COLUMBIA, SC 29209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1011 Ivy Green Circle	
CITY-ST-ZIP	Irmo SC 29063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Miles D Cooper Date: 7/7/04 Daytime Phone #: 803.790.2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR