


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 717252		
1. Entity Name IMPERIAL FLYERS, INC.		
Principal Place of Business 5804 DU BOIS RD LAKELAND, FL 33811 US	Mailing Address 5804 DUBOIS RD. LAKELAND, FL 33811 US	

**DO NOT WRITE IN THIS SPACE**



08222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6583742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, STEVE  
 5804 DUBOIS RD  
 LAKELAND, FL 33811

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERGUSON, STEVE 5804 DUBOIS RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, BARRY 3510 CONINC DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERGUSON, DEBORAH L 5804 DUBOIS RD. LAKELAND, FL 338111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100001377257  
 08/29/05-80001-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  \_\_\_\_\_ DATE: 08/23/05 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #