2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # G28643 1. Entity Name I.M.D.C., INCORPORATED					Seci	i etai y u	State	
	e of Business AND CENTER L 32751	Mailing Address 1060 MAITLAND CENTER SUITE 300 MAITLAND, FL 32751						
D	OO NOT WRITE	CE	01032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2298812 Not Applicable Sa.75 Ådditional Fee Required					
MUNDY, GREGORY S 526 COCOA LANE ORLANDO, FL 32804				. ,	NOT WE		F:	
8. The above named entity submits this seatement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type-der printed name of registered agent and title if applicable (NOTE, Registered Agent algorithm regulator required when renstating) DATE 9. Election Campaign Financing \$5.00 May Be								
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCT MUNDY, GREGORY S 526 COCOA LN. ORLANDO, FL	IRECTORS	-		00000001 8-20'01/10		158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNDY, GREGORY S 526 COCOA LN. ORLANDO, FL						! : ! !	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNDY, VALERIE 526 COCOÄ LANE ORLANDO, FL 32804			····	NOT WI		:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u> </u>		IN 7	THIS SP	ACE		
TITLE Name Street address								

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 of rustee gropowered to execute this report as required by Chapter 507, 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED YOME OF SIGNING OFFICER OR DIRECTOR

16/05 407-645-4049 EXT406

Date Dayline Phone 9