


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90037 002 ***150.00

DOCUMENT # P05000119382

1. Entity Name
IMPERIAL CUSTOM UPHOLSTRY, INC.



60007649



01202006 Chg-P CR2E034 (11/05)

Principal Place of Business
8528 WINDY CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
P.O. BOX 741213
BOYNTON BEACH, FL 33474

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

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

City & State

Zip Country

4. FEI Number
20-3369585

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAYNES, POPPY L
8528 WINDY CIRCLE
BOYNTON BEACH, FL 33437

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, POPPY L	
STREET ADDRESS	8528 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V. PRES/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, POPPY L.	
STREET ADDRESS	8528 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON M. SPECK	
STREET ADDRESS	8528 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S/V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SPECK	
STREET ADDRESS	P.O. Box 181455	
CITY-ST-ZIP	CASSELBERRY, FL 32918	
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 exemptions contained 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 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: _____ **POPPY L. HAYNES** **1/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #