


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000046034

1. Entity Name
IMPERIAL TROPICALS, INC.



Principal Place of Business 2720 GRIMES ROAD LAKELAND, FL 33805	Mailing Address 2720 GRIMES ROAD LAKELAND, FL 33805
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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0519691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAWDY, DONALD R
 2720 GRIMES ROAD
 LAKELAND, FL 33805**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAWDY, DONALD R 2720 GRIMES RD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRAWDY, FRANCES E 2720 GRIMES RD LAKELAND, FL 33805
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 04/25/05-80028-014 150.00

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 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: *Frances E. Drawdy* **Frances E. Drawdy** **4/21/05** **863 665-1673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #