

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044996

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: IMPERIAL TRANSPORT OF VA., INC.

**Current Principal Place of Business:**

205 S HOOVER BLVD #400  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

205 S HOOVER BLVD #400  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3450427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, J. STYLES  
205 S HOOVER BLVD #400  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: WILSON, J. STYLES  
Address: 205 S HOOVER BLVD #400  
City-St-Zip: TAMPA, FL 33609

Title: VS ( ) Delete  
Name: THATCHER, CAROLYN  
Address: 205 S HOOVER BLVD #400  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN THATCHER

VS

01/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date