

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90089 026 \*\*\*150.00

**DOCUMENT # 279563**

1. Entity Name

IMPERIAL ELECTRIC, INC.



Principal Place of Business

2750 MINE \$ MILL RD.  
LAKELAND FL 33801

Mailing Address

2750 MINE \$ MILL RD.  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1053821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHUTT, FOREST J  
2612 EXCHANGE AVE  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name **Sheppard, Cathy A.**

Street Address (P.O. Box Number is Not Acceptable)  
**5109 Woodgreen Ln.**

City **Lakeland**

FL

Zip Code  
**33811**

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

*Cathy A Sheppard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/1/06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete  
NAME **SHUTT, FOREST J**  
STREET ADDRESS **2612 EXCHANGE AVE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **President** ☐ Delete  
NAME **Sheppard, Cathy A.**  
STREET ADDRESS **5109 Woodgreen Ln.**  
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **Vice President** ☐ Delete  
NAME **Alvin A. Sheppard**  
STREET ADDRESS **5109 Woodgreen Ln.**  
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Cathy A Sheppard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/06**

Date

**863-665-6011**

Daytime Phone #