

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 319904	
1. Entity Name IMPERIAL DISTRIBUTORS OF FLORIDA, INC.	

Principal Place of Business 4101 S. MAIN STREET GAINESVILLE, FL 32601	Mailing Address 4101 S. MAIN STREET GAINESVILLE, FL 32601
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01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1170800	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, MACK 4101 S. MAIN ST. GAINESVILLE, FL 32601

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

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
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10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	WILLIAMS, MACK	
STREET ADDRESS	4107 SW 96TH DR.	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	VSD	
NAME	WILLIAMS, GARY	
STREET ADDRESS	8825 PERIMETER PARK BLVD STE 304	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Mack Williams **1/16/2006 (352) 376-7606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #