

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 319904

1. Entity Name
IMPERIAL DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business

**4101 SW 13TH STREET
GAINESVILLE, FL 32608**

Mailing Address

**4101 SW 13TH STREET
GAINESVILLE, FL 32608**



01162008 No Chg-P CR2E034 (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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

D. Gary Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2008 (352) 376-7606

Date

Daytime Phone #