

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 319904

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** IMPERIAL DISTRIBUTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

4101 SW 13TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4101 SW 13TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 59-1170800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, MACK  
4101 S. MAIN ST.  
GAINESVILLE, FL 32601 US

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

WILLIAMS, GARY  
4101 SW 13TH ST.  
GAINESVILLE, FL 32608 US

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: GARY WILLIAMS

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, MACK  
Address: 4107 SW 96TH DR.  
City-St-Zip: GAINESVILLE, FL

Title: VSD  
Name: WILLIAMS, GARY  
Address: 8825 PERIMETER PARK BLVD STE 304  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GARY WILLIAMS

VP

04/03/2012

Electronic Signature of Signing Officer or Director

Date