

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 359922 | |
| 1. Entity Name IMPERIAL PROPERTIES, INC. | |
| Principal Place of Business 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 | Mailing Address 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 |



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-1359496 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent LEIS, GEORGE W 700 MIRROR TERR NW WINTER HAVEN, FL 33880 | 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 _____ (NOTE: Registered Agent signature required when retesting)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP | TS LEIS, GEORGE W 700 MIRROR TERR., N.W. WINTER HAVEN, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NOLAN, J M 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SECKEL, WARREN M 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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03/09/05-80023-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George "W" Leis (GEORGE "W" Leis) 3/2/05 863-293-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #