


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 359922</b> 1. Entity Name IMPERIAL PROPERTIES, INC.	
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Principal Place of Business 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	Mailing Address 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880
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02192007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LEIS, GEORGE W 700 MIRROR TERR NW WINTER HAVEN, FL 33880
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 NOLEN, 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	
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03/07/07-80062-003 150.00

**DO NOT WRITE  
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: George W Leis (GEORGE W LEIS) 2/23/07 863-294-7541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #