



FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 016 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 369605 1. Entity Name IMESON INTERNATIONAL INDUSTRIAL PARK, INC.					
Principal Place of Business 3600 VINELAND RD., #101 ORLANDO, FL 32811		Mailing Address 3600 VINELAND RD., #101 ORLANDO, FL 32811			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1359015	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKER, EARL M JR. SLOTT, BARKER & NUSSBAUM 334 E. DUVAL STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent; signature required when reinstating)</small>				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEBB, WILLIAM C JR. 1300 N.W. 167TH STREET MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD → SEE CHANGE WEBB, DANIEL B 3600 VINELAND RD., STE. 101 ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARKER, EARL M JR. 334 E. DUVAL STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Daniel B Webb</i>				Date: 4-11-2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: 407-841-1414	