

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90016 027 \*\*\*150.00

**DOCUMENT # 469894**

1. Entity Name

IMPERIAL PRODUCTS, INC.



Principal Place of Business

1885 LEE RD  
SUITE A  
WINTER PARK FL 32789-2108  
US

Mailing Address

P.O BOX 3059  
WINTER PARK FL 32790-3059  
US

2. Principal Place of Business

1199 N. Orange Ave.

3. Mailing Address

PO Box 532004

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32853

Country

USA

4. FEI Number

59-1572354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1199 N. Orange Ave., Suite C

City  
Orlando

FL

Zip Code  
32804

GIES, LARRY R.  
1885 LEE RD  
SUITE A  
WINTER PARK FL 32789

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 Larry R. Gies

02/18/04

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GIES, LARRY R.	
STREET ADDRESS	1885 LEE RD SUITE A	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAENZ, ALVARO M.	
STREET ADDRESS	APARTADO 182 ESCAZU	
CITY-ST-ZIP	SAN JOSE CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEYERHOFF, ERIC C.	
STREET ADDRESS	1885 LEE RD SUITE A	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1199 N. Orange Ave., Suite C	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1199 N. Orange Ave., Suite C	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 powers like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry R. Gies

02/18/04

(407) 447-4712

Date

Daytime Phone #