

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 469894

1. Entity Name
IMPERIAL PRODUCTS, INC.



Principal Place of Business

1199 N. ORANGE AVE.
SUITE C
ORLANDO, FL 32804 US

Mailing Address

P.O BOX 532004
ORLANDO, FL 32853 US

FILED
Jan 18, 2007 08:00 AM
Secretary of State



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1572354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIES, LARRY R.
1199 N. ORANGE AVE., SUITE C
SUITE A
ORLANDO, FL 32804

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000591471
01/18/07-80023-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GIES, LARRY R. 1199 N. ORANGE AVE., SUITE C ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAENZ, ALVARO M. APARTADO 182 ESCAZU SAN JOSE, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYERHOFF, ERIC C. 1199 N. ORANGE AVE., SUITE C ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 or without power of attorney.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Gies

01/11/2007

(407) 447-5066

Date

Daytime Phone #