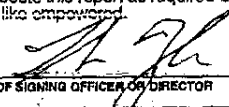


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 575242		
1. Entity Name IMPERIAL OAKS DEVELOPMENT CORPORATION		
Principal Place of Business 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL 34654	Mailing Address 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL 34654	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZEDAN, THOMAS A 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL 34654		DO NOT WRITE IN THIS SPACE
a. 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)		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEDAN, THOMAS A. 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STAPLES, JACK 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAPLES, JUDITH 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, RALIEGH 11440 CAUSEWAY BLVD. NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 other like empowered.		
SIGNATURE: THOMAS A. ZEDAN  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-15-05 787-856-4980 Date Daytime Phone #



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1823613	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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01/19/05-80003-020 150.00

**DO NOT WRITE
IN THIS SPACE**