


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90195 037 ***150.00

DOCUMENT # 575242 1. Entity Name IMPERIAL OAKS DEVELOPMENT CORPORATION	
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Principal Place of Business 11440 CAUSEWAY BLVD NEW PORT RICHEY, FL 34654	Mailing Address 4650 BAY BLVD SUITE 1055 PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

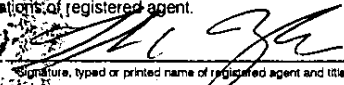
4. FEI Number 59-1823613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZEDAN, THOMAS A
~~**11440 CAUSEWAY BLVD**~~
~~**NEW PORT RICHEY, FL 34654**~~
4650 Bay Blvd SUITE 1058
Port Richey, FLA 34668

**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:  DATE: **2-20-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

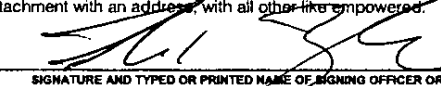
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZEDAN, THOMAS A. #1058 11440 CAUSEWAY BLVD 4650 Bay Blvd NEW PORT RICHEY, FL Port Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STAPLES, JACK 11440 CAUSEWAY BLVD 1122 PARK ST. N. NEW PORT RICHEY, FL ST. PETERSBURG, FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAPLES, JUDITH 11440 CAUSEWAY BLVD 1122 PARK ST. N. NEW PORT RICHEY, FL ST. PETERSBURG, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: **2-20-08** DAYTIME PHONE: **727-846-8411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR