

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006047**

1. Entity Name  
**IMPERIAL LAKES LAND CORP.**



Principal Place of Business  
**6 COUNTRY CLUB LANE  
MULBERRY, FL 33860**

Mailing Address  
**6 COUNTRY CLUB LANE  
MULBERRY, FL 33860**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1650720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LENNON, JOHN  
6 COUNTRY CLUB LANE  
MULBERRY, FL 33860**

**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2008 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	PC LENNON, JOHN 6 COUNTRY CLUB LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LUCAS, RICHARD P.O. BOX 18 QUECHEE, VT 05059
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STVC ARNSTEIN, KEVIN 20 AMHERST ROAD HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000938273  
05/27/08-80082-025 158.75

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Lennon*  
1/21/08 516 974291X  
Date Daytime Phone #