

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G74278

1. Entity Name
**IMPERIAL RESEARCH AND MANUFACTURING
CORPORATION**



**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90105 006 ***158.75

Principal Place of Business

166 CENTER ST
STE 210
CAPE CANAVERAL, FL 32920 US

Mailing Address

166 CENTER ST
CAPE CANAVERAL, FL 32920 US

50025795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2502746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEALS, ROBERT E
730 E. STRAWBRIDGE AVE., STE 101
MELBOURNE, FL 32901

Name

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

City

FL Zip Code

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, 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 TD
NAME HRADESKY, EDWARD L.
STREET ADDRESS 124 ST CROIX
CITY-ST-ZIP COCOA BEACH, FL 00000,

Delete

TITLE PD
NAME MORRIS, JOHN J
STREET ADDRESS 55 WESTVIEW LANE
CITY-ST-ZIP COCOA BEACH, FL 32931

Delete

TITLE DS
NAME EMORY, J.E.
STREET ADDRESS 5120 PIN TAIL LANE
CITY-ST-ZIP MERRITT, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: E. L. Hradesky *E. L. Hradesky* **3/14/05** **321 783 8474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #