## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23953

Entity Name: IMPERIAL YACHT CENTER, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

205 S. HOOVER ST 205 S. HOOVER ST TAMPA, FL 336093521

400

TAMPA, FL 336093521

**Current Mailing Address: New Mailing Address:** 

205 S. HOOVER ST 205 S. HOOVER ST TAMPA, FL 336093521 400

TAMPA, FL 33609

FEI Number: 59-2740779 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, J STYLES 205 S. HOOVER ST TAMPA, FL 33609 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

CARTER, SHIRLEY CARTER, SHIRLEY Name: Name: 205 S. HOOVER ST 205 S. HOOVER ST #400 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: VSD Title: VSD (X) Change ( ) Addition () Delete

THATCHER, CAROLYN Name: THATCHER, CAROLYN Name: 205 S. HOOVER ST 205 S. HOOVER ST. #400 Address: Address: TAMPA, FL 33609 TAMPA, FL 33609 City-St-Zip: City-St-Zip:

Title: Title: VD. ( ) Delete (X) Change ( ) Addition

FARMER, JD Name: FARMER, JD Name:

205 S HOOVER ST #400 205 S HOOVER ST #400 Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A CARTER **PRES** 01/04/2007