


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J84666		
1. Entity Name IMPERIAL BUSINESS CENTER DEVELOPERS, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 31 AM 10:44

07/25/05 90098 006 150<sup>00</sup>



Principal Place of Business 357 IMPERIAL BLVD. #5 CAPE CANAVERL, FL 32920		Mailing Address 357 IMPERIAL BLVD. #5 CAPE CANAVERL, FL 32920	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Same</i>		City & State <i>Same</i>	
Zip	Country	Zip	Country

08222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2870634		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 STILLEY, JOHN D. 660 TIMUQUANA DR MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) <i>Same</i> City <b>FL</b> Zip Code	
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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 John D. Stille P.D. DATE 7/28/05

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STILLEY, JOHN D. 660 TIMUQUANA DR MERRITT ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLEY, MARY M 660 TIMUQUANA DR MERRITT ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John D. Stille John D. Stille DATE 7/28/05 (321) DAYTIME PHONE # 452-2435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR