

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001800

FILED
Apr 30, 2007
Secretary of State

Entity Name: IMPERIAL MUSTANGS OF POLK COUNTY, INC.

Current Principal Place of Business:

3620 HWY 92 EAST
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

3620 HWY 92 EAST
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3194127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGO, PATRICIA
2170 LONGLEAF CIRCLE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REGO, MERV
Address: 3620 LONGLEAF CIRCLE
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: ALJOE, DIANA
Address: 7843 DELMONT LOOP
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: REGO, PAT
Address: 2170 LONGLEAF CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: HOULAHAN, MARK
Address: 7846 DELMONT DR
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: BOOTSIE, SMITH
Address: 3825 SWINDE HS
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: LA ROCCO, DAVE
Address: 2106 GROVE GLENN DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALJOE, BRETT
Address: 7846 DELMONT DR
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A REGO

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date