

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000088305

1. Entity Name
IMW ENTERPRISES INC



Principal Place of Business
**2710 53RD ST.
SARASOTA, FL 34234**

Mailing Address
**2710 53RD ST.
SARASOTA, FL 34234**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **03-0478073** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAGLER, LESTER
2710 53RD ST
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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
After May 1, 2006 Fee will be \$550.00**

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

**000000468451
03/24/06-80032-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WAGLER, LESTER**
STREET ADDRESS **2710 53RD ST.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D**
NAME **WAGLER, EDWIN J**
STREET ADDRESS **2710 53RD ST.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D**
NAME **WAGLER, DALE**
STREET ADDRESS **3216 EMERALD LN**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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
Lester Wagler

3/10/06
Date

Daytime Phone #