


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088305</b>	
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1. Entity Name  
IMW ENTERPRISES INC

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

Mailing Address  
2710 53RD ST.  
SARASOTA, FL 34234



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0478073	Applied For Not Applicable
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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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGLER, LESTER 2710 53RD ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGLER, EDWIN J 2710 53RD ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGLER, DALE 3216 EMERALD LN 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	

U000000847856  
03/19/08-80028-023 150.00

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 filers empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08  
Date

Daytime Phone #