

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000001413

1. Entity Name
IMPERIAL CONCRETE CORP.



Principal Place of Business
255 BALD EAGLE DR.
MARCO ISLAND, FL 34145

Mailing Address
255 BALD EAGLE DR.
MARCO ISLAND, FL 34145



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3670030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLGUIN, JOSE A
255 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

**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

N/A
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, 2005 Fee will be \$550.00**

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

1000000204061
01/29/05-80055-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLGUIN, JOSE A
STREET ADDRESS	255 BALD EAGLE DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VS
NAME	OLGUIN, JOSE A
STREET ADDRESS	255 BALD EAGLE DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	FRIMBERGER, MARTIN H
STREET ADDRESS	255 BALD EAGLE DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
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 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:

Jose A. Olguin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

Daytime Phone #

239-394-
0644