

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002566

Entity Name: IMC GROUP, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

17611 EAST ST. UNIT C
N. FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

17611 EAST ST. UNIT C
N. FORT MYERS, FL 33917

New Mailing Address:

17611 EAST ST. UNIT C
N. FORT MYERS, FL 33917

FEI Number: 75-3097407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLETTE, DONALD E
15168 COMMUNITY AVE
PORT CHARLOTTE, FL 339532003 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: COLLETTE, DONALD E
Address: 15168 COMMUNITY AVE
City-St-Zip: PORT CHARLOTTE, FL 339532003

Title: PRES () Delete
Name: VERMILLION, JERRY P
Address: 681 23 ST NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. COLLETTE

CEO

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date