


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90007 042 \*\*\*150.00

<b>DOCUMENT # P03000123222</b>	
1. Entity Name <b>IMPERIAL COURTS MHP, INC.</b>	

Principal Place of Business <b>648 GALLUP RD SPENCEPORT NY 14559</b>	Mailing Address <b>ATTN: GEORGE R. RICE JR 648 GALLUP RD SPENCEPORT NY 14559</b>
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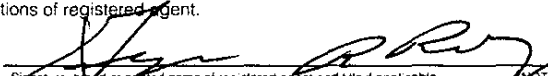
2. Principal Place of Business <b>PO Box 785</b>	3. Mailing Address <b>PO Box 785</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OZONA FL</b>	City & State <b>OZONA FLORIDA</b>
Zip <b>34660</b>	Zip <b>34660</b>
Country <b>PERU</b>	Country <b>PERU</b>

4. FEI Number <b>86-1090773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301</b>
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7. Name and Address of New Registered Agent Name: <b>GEORGE R. RICE JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>217 SHORE DR.</b> City: <b>PALM HARBOR</b> FL Zip Code: <b>34683</b>
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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: <b>2/25/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>GEORGE R. RICE JR.</b>	Date: <b>2/25/04</b>	Daytime Phone #: <b>727-7859680</b>
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