

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000070407

**FILED**  
**May 05, 2011**  
**Secretary of State**

**Entity Name:** IMPACT CONTRACTORS, INC

**Current Principal Place of Business:**

516 HUNTINGTON PINES DR  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

516 HUNTINGTON PINES DR  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 26-3121280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSON ACCOUNTING & CONSULTING SERV LLC  
8810 COMMODITY CIR  
STE 17  
ORLANDO, FL 32819 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GODOI, MERKSON  
**Address:** 516 HUNTINGTON PINES DR  
**City-St-Zip:** OCOE, FL 34761

**Title:** VP  
**Name:** GODOI, MERITON L  
**Address:** 2725 WHITE MAGNOLIA LOOP  
**City-St-Zip:** CLERMONT, FL US

**Title:** SECR  
**Name:** GODOI, CYNTIA  
**Address:** 516 HUNTINGTON PINES DR  
**City-St-Zip:** OCOE, FL 34761

I hereby 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 all other like empowered.

**SIGNATURE:** MERKSON GODOI

P

05/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date