



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000046034</b>																																				
<b>1. Entity Name</b> IMPERIAL TROPICALS, INC.																																				
<b>Principal Place of Business</b> 2720 GRIMES ROAD LAKELAND, FL 33805	<b>Mailing Address</b> 2720 GRIMES ROAD LAKELAND, FL 33805																																			
<b>6. Name and Address of Current Registered Agent</b>  DRAWDY, DONALD R 2720 GRIMES ROAD LAKELAND, FL 33805		04222005    No Chg-P    CR2E034 (10/03)																																		
<b>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.</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> <b>4. FEI Number</b>          65-0519691       </td> <td style="width: 40%; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>5. Certificate of Status Desired</b>    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>	<b>4. FEI Number</b> 65-0519691	Applied For <input type="checkbox"/> Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																															
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<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																				
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<div style="text-align: right; font-family: monospace; font-size: 1.2em;">         000000327211          04/25/05-80028-014 150.00       </div>																																				
<b>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.</b>																																				
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