2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P94000051288

1. Entity Name

IMPERIAL VILLAGE, INC.

Principal Place of Business	Mailing Address
32124 KINNE PEARCE RD LEESBURG FL 34788 US	P.O. BOC 895007 LEESBURG FL 34789-5007 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3259334

Applied For ☐
Not Applicabl: ☐

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEOD, JOHN D 32124 KINNE PEARCE RD LEESBURG FL 34788	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____

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** **Make Check Payable to Florida Department of State**		9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **MCLEOD, JOHN D.** STREET ADDRESS **32124 KINNE PEARCE RD** CITY-ST-ZIP **LEESBURG FL 34788**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio:
TITLE **STD** NAME **MCLEOD, SHERRY S** STREET ADDRESS **32124 KINNE PEARCE RD** CITY-ST-ZIP **LEESBURG FL 34788**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000352449 05/03/05-80027-017 150.00	☐ Change ☐ Additio:
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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 : changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____   4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #