

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P95000086553

1. Entity Name

IMPERIAL AMOCO INC.



Principal Place of Business

2934 DEERBROOK DRIVE
LAKELAND FL 33811

Mailing Address

2934 DEERBROOK DRIVE
LAKELAND FL 33811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Zip

Country

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ELBIALY, ASHRAF W
2551 CREWS LAKE HILLS LOOP S.
LAKELAND FL 33813

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. Added to Fees

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

Delete

NAME

ELBIALY, ASHRAF W

STREET ADDRESS

2551 CREWS LAKE HILLS LOOP S.

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

VP

Delete

NAME

ELDIASI, MONA A

STREET ADDRESS

2551 CREWS LAKE HILLS LOOP S.

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 02, 2005 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/04)

59-3374095

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City

FL Zip Code

9. Election Campaign Financing
Trust Fund Contribution. Added to Fees

\$5.00 May Be
Added to Fees

U000000354192
05/03/05-80098-005 150.00

Change Addition

4-28-05 8689445257

Date

Daytime Phone #