

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

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90055 042 \*\*\*150.00

**DOCUMENT # F0100005652**  
 1. Entity Name  
**INVESTMENT MANAGEMENT ADVISORY GROUP, INC.**



Principal Place of Business      Mailing Address  
**886 VAUGHN ROAD**      **886 VAUGHN ROAD**  
**POTTSTOWN PA 19465**      **POTTSTOWN PA 19465**

JUU1000J



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      Applied For  
**23-2705088**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**FLEISCHER, FRANK**  
**C/O GRAY ROBINSON PA**  
**201 N. FRANKLIN ST STE 2200**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 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      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECKHART, DAVID J	
STREET ADDRESS	886 VAUGHN ROAD	
CITY-ST-ZIP	POTTSTOWN PA 19465	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STALLONE, MARTIN J	
STREET ADDRESS	886 VAUGHN ROAD	
CITY-ST-ZIP	POTTSTOWN PA 19465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, E. GILBERT	
STREET ADDRESS	886 VAUGHN ROAD	
CITY-ST-ZIP	POTTSTOWN PA 19465	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	<del>806 VALLMIN RD</del> 886 VAUGHN ROAD	
CITY-ST-ZIP	POTTSTOWN PA 19465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert W. Jones*      **ROBERT W. JONES**      2-8-05      (610) 326-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #