

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090537

**Entity Name:** 1ST IMPRESSION LAWN CARE INC

**Current Principal Place of Business:**

1062 DEL MAR CIRCLE  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

1062 DEL MAR CIRCLE  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 26-3513275

**Certificate of Status Desired:** No

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

STRAHLO, THOMAS W  
1062 DEL MAR CIRCLE  
WEST MELBOURNE, FL 32904 US

*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

**Officer/Director Detail :**

Title P  
Name STRAHLO, THOMAS W  
Address 1062 DEL MAR CIRCLE  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** THOMAS STRAHLO

**OWNER**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date