

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006293

1. Entity Name
IM PRESS, INC.



Principal Place of Business
16F MARINA ISLES BLVD.
INDIAN HARBOUR BEACH
SATELLITE BEACH, FL 32937

Mailing Address
16F MARINA ISLES BLVD.
INDIAN HARBOUR BEACH
SATELLITE BEACH, FL 32937

FILED
Apr 21, 2008 08:00 AM
Secretary of State



04152008 No Chg-P CR2E034 (11/05)

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4. FEI Number
54-1694234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALL, BARBARA C
2000 HIGHWAY FFIA
INDIAN HARBOUR BEACH, FL 32987

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000908322
05/06/08-80026-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SCANLON, CHARLES F
16 F MARINA ISLES BLVD.
INDIAN HARBOUR BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FEOE, TERI J
10136 RED SPRUCE RD.
FAIRFAX, VA 22032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCANLON, KELLIE L
4955 MCFARLAND CT
FAIRFAX, VA 22032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCANLON, BRETT S
4008 BLAKE DR.
FREDERICKSBURG, VA 22401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CHARLES F. SCANLON, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April 2008 321-779-9852
Date Daytime Phone #