


FILED
Mar 24, 2005 8:00 am
Secretary of State

DOCUMENT # L26520			
1. Entity Name IMPRESSIONS AND COMPANY, INC.			
Principal Place of Business 2225 ST. JOHN DR JACKSONVILLE BEACH, FL 32250 XXXXXXXXXXXXXXXXXXXX		Mailing Address PO BOX 761 PONTE VEDRA BEACH, FL 32240-0555 US	
2. Principal Place of Business 303-2 Villa del Mar Dr.		3. Mailing Address P. O. Box 761	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City and State Ponte Vedra Beach, FL		City and State Ponte Vedra Beach, FL	
Zip 32082	Country St. Johns	Zip 32004	Country St. Johns
6. Name and Address of Current Registered Agent			
GALASSO, NADINE 2225 ST. JOHN DR JACKSONVILLE BEACH, FL 32250		Name	
		Street Address 303-2	
		City Ponte Vedra	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE <i>Nadine Galasso</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> NADINE GALASSO		<small>(NOTE: Registered Agent signature required)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ Ad	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GALASSO, NADINE 2225 ST. JOHN DR JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 11. indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Nadine Galasso</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			