

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90280 018 \*\*\*\*\*50.00

**DOCUMENT # M03000000357**

1. Entity Name  
**IMPACT ACQUISITIONS, LLC**



Principal Place of Business  
**407 WEKIVA SPRINGS ROAD, STE 245  
LONGWOOD, FL 32779**

Mailing Address  
**407 WEKIVA SPRINGS ROAD, STE 245  
LONGWOOD, FL 32779**

2. Principal Place of Business  
**1031 W. Morse Blvd**

3. Mailing Address  
**1031 W. Morse Blvd.**

Suite, Apt. #, etc.  
**Suite 160**

Suite, Apt. #, etc.  
**Suite 160**

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

03112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2305683**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FULCO, BARRY  
1031 W. MORSE BLVD., SUITE 160  
WINTER PARK, FL 32789**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FULCO, BARRY TRUSTEE  
407 WEKIVA SPRINGS ROAD, STE 245  
LONGWOOD, FL 32779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HADEN, MICHAEL  
222 FAIRWAY PLACE  
COSTA MESA, CA 92626** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Fulco, Barry Trustee  
1031 W. Morse Blvd, Suite 160  
Winter Park, FL 32789** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Barry Fulco (BARRY FULCO) **4.2.04 407.498.4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #