

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 012 ***150.00

DOCUMENT # P00000006751

1. Entity Name
QUALITY IMPRESSIONS OF ORLANDO, INC.



Principal Place of Business
4625 OLD WINTER GARDEN RD., SUITE A-6
ORLANDO, FL 32811

Mailing Address
4625 OLD WINTER GARDEN RD., SUITE A-6
ORLANDO, FL 32811



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARRISON, JOHN W
4625 OLD WINTER GARDEN RD., SUITE A-6
ORLANDO, FL 32811

**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**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GARRISON, JOHN W
STREET ADDRESS	4625 OLD WINTER GARDEN RD., SUITE A-6
CITY-ST-ZIP	ORLANDO, FL 32811

TITLE	V.P.
NAME	Toni Puglia
STREET ADDRESS	4625 Old Winter Garden Rd. A-6
CITY-ST-ZIP	Orlando, FL 32811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Garrison

02/23/08 407293-1533

Date

Daytime Phone #