

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042385

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: IMPACT PROMOTIONS, INC.

## Current Principal Place of Business:

2109 HOUNDSTOOTH DR  
TAMPA, FL 33618

## New Principal Place of Business:

2109 HOUNDSTOOTH DRIVE  
TAMPA, FL 33618

## Current Mailing Address:

2109 HOUNDSTOOTH DR  
TAMPA, FL 33618

## New Mailing Address:

2109 HOUNDSTOOTH DRIVE  
TAMPA, FL 33618

FEI Number: 59-3642091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TILLOTSON, KENYON F  
2109 HOUNDSTOOTH DR  
TAMPA, FL 33618

## Name and Address of New Registered Agent:

TILLOTSON, KENYON F  
2109 HOUNDSTOOTH DRIVE  
TAMPA, FL 33618

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:

03/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TILLOTSON, JACQUELINE E  
Address: 2109 HOUNDSTOOTH DR  
City-St-Zip: TAMPA, FL 33612

Title: VD ( ) Delete  
Name: TILLOTSON, KENYON F  
Address: 2109 HOUNDSTOOTH DR  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TILLOTSON, KENYON F  
Address: 2109 HOUNDSTOOTH DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: VD (X) Change ( ) Addition  
Name: TILLOTSON, JACQUELINE E  
Address: 2109 HOUNDSTOOTH DRIVE  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENYON F. TILLOTSON

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date