

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084230

FILED
Aug 22, 2005
Secretary of State

Entity Name: FIRST IMPRESSION HAIR AND NAIL COMPANY

Current Principal Place of Business:

1305 HOMESTEAD ROAD
SUITE 106-G
LEHIGH ACRES, FL 33936

New Principal Place of Business:

1305 HOMESTEAD ROAD
SUITE 106-G
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

900 JUNO DRIVE
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-1131027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EATON, MARGARET L
900 JUNO DRIVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EATON, MARGARET L
Address: 900 JUNO DRIVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T (X) Delete
Name: EATON, MARGARET L
Address: 900 JUNO DRIVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S (X) Delete
Name: EATON, MARGARET L
Address: 900 JUNO DRIVE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: EATON, MARGARET L
Address: 900 JUNO DRIVE
City-St-Zip: LEHIGH ACRES, FL 33936 FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET EATON

PTS

08/22/2005

Electronic Signature of Signing Officer or Director

_____ Date