

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000004936

1. Entity Name  
FIRST IMPRESSION LAWN MAINTENANCE INC.



**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4099 ROCK CREEK DRIVE  
PORT CHARLOTTE, FL 33948

Mailing Address  
PO BOX 495720  
PORT CHARLOTTE, FL 33949



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0374147

Applied For
Not Applicable

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

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

WEITZEL, GLENN W  
4099 ROCK CREEK DRIVE  
PORT CHARLOTTE, FL 33948

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	WEITZEL, GLENN W
STREET ADDRESS	4099 ROCK CREEK DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

TITLE	VT
NAME	WEITZEL, KATHRYN
STREET ADDRESS	4099 ROCK CREEK DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

U00000075954  
03/04/04-80008-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #