

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90076 011 \*\*\*150.00

DOCUMENT # P02000130077

1. Entity Name  
MITZI FIRST IMPRESSIONS INC.



Principal Place of Business  
~~235 N WOODLANDS BLVD~~  
~~DELAND, FL 32720~~

Mailing Address 323 W. New York Ave  
~~235 N WOODLANDS BLVD~~  
DELAND, FL 32720

**50034990**

323 W New York Ave  
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

323 W. New York Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

DELAND FL

Zip

Country

Zip

Country

32720

USA

03072005

Chg-P

CR2E034 (10/03)

4. FEI Number

82-0588295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAINE, MITZI 323 W. New York Ave  
~~235 N WOODLANDS BLVD~~  
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name Mitzi CAINE

Street Address (P.O. Box Number is Not Acceptable)

323 W. New York Ave

DELAND

City

FL

Zip Code

32720

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

Mitzi Caine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CAINE, MITZI  
STREET ADDRESS 235 N WOODLANDS BLVD  
CITY-ST-ZIP DELAND, FL 32720

TITLE D ☐ Delete  
NAME CAINE, MITZI P D 323 W. New York Ave  
STREET ADDRESS 235 N WOODLANDS BLVD  
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Mitzi Caine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 3867344906

DATE

Daytime Phone