


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 008 ***150.00

DOCUMENT # P03000020622 1. Entity Name IMPRESSIVE DESIGNS, INC.					
Principal Place of Business 14385 WALSINGHAM ROAD UNIT B LARGO, FL 33774			Mailing Address 14385 WALSINGHAM ROAD UNIT B LARGO, FL 33774		
2. Principal Place of Business 311 1st Street			3. Mailing Address 311 1st Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Indian Rocks Bch, FL			City & State Indian Rocks Bch, FL		
Zip 33785		Country USA		4. FEJ Number 42-1577885	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MALLEY, BEVERLY A 14385 WALSINGHAM ROAD UNIT B LARGO, FL 33774					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 311 1st Street City Indian Rocks Bch FL Zip Code 33785					
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: <u><i>Beverly A Malley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>7-14-04</i></u>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLEY, BEVERLY A 14385 WALSINGHAM ROAD #B LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 311 1st Street Indian Rocks Bch, FL 33785		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Beverly A Malley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u><i>7-14-04</i></u> Daytime Phone #: <u><i>727-724-1000</i></u>		