

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000069737

1. Entity Name
MEDIA IMPRESSIONS, INC.



Principal Place of Business
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

Mailing Address
POST OFFICE BOX 716
SANIBEL, FL 33957

1000000509286
04/28/06-80038-022 150.00



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0060002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
2430 PERIWINKLE WAY
SUITE B
SANIBEL ISLAND, FL 33957

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMENIA, JOHN
STREET ADDRESS 2430 PERIWINKLE WAY #B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VSD
NAME ARMENIA, LUCY
STREET ADDRESS 2430 PERIWINKLE WAY #B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VTD
NAME ARMENIA, JOSEPH G
STREET ADDRESS 2430 PERIWINKLE WAY #B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VD
NAME CALCIANO, ALFRED L
STREET ADDRESS 2430 PERIWINKLE WAY #B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VD
NAME CLINE, KATHLEEN A
STREET ADDRESS 2430 PERIWINKLE WAY #B
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lucy Armenia Lucy Armenia, Secy 4/14/06 839-395-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #