

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 010 ***550.00

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1. Entity Name
1ST IMPRESSION PROPERTY MANAGEMENT AND
DEVELOPMENT INC.



Principal Place of Business

1804 W BAKER STREET
#F
PLANT CITY, FL 33563

*Change
Address in
Block
Below.*

Mailing Address

P O BOX 4872
PLANT CITY, FL 33564



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0204306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITT, BILLY
1804 W BAKER ST.
#F
PLANT CITY, FL 33564

*Witt, Billy
104 E. Reynolds St.
Suite 203
Plant City, FL 33563*

**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 *Billy H. Witt President*

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

(NOTE: Registered Agent signature required when reinstating)

5-10-05

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	P
NAME	WITT, BILLY
STREET ADDRESS	P.O. BOX 4872
CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	VP
NAME	WITT, KIMBERLY
STREET ADDRESS	P.O. BOX 4872
CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	SEC
NAME	KEY, DELORS
STREET ADDRESS	P.O. BOX 4872
CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-05

Date

813-478-8228

Daytime Phone #