

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-18-2004 90002 029 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104924

1. Entity Name
FIRST IMPRESSIONS NURSERY, INC.



Principal Place of Business
620 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414

Mailing Address
620 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414

66427809

2. Principal Place of Business

NEW ADDRESS -
4074 N. 160th St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004

Chg-P

CR2E034 (10/03)

City & State

Loxahatchee FL

City & State

FL

4. FEI Number

14-1895933

Applied For

Not Applicable

Zip

Country

334701 Palm Beach

Zip

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLIERE, LINDA
620 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414

Name

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

City

FL

Zip Code

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

Linda C Valliere

April 29, 04

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

(NOTE: Registered Agent Signature required when (re)stating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME VALLIERE, LINDA PRES.
STREET ADDRESS 620 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414

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

TITLE D
NAME BAILEY, BENJAMIN V.PRES.
STREET ADDRESS 7437 SADDLE ROAD
CITY-ST-ZIP LAKE WORTH, FL 33463

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

TITLE D
NAME BAILEY, KRISTEN SEC.
STREET ADDRESS 242 SANDPIPER DRIVE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP VOID ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Linda C Valliere

April 29, 04

561-963-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #