2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000104924

1. Entity Name
FIRST IMPRESSIONS NURSERY, INC.

Principal Place of Business	Mailing Address
4074 N. 160TH ST LOXAHATCHEE, FL 33470 US	4074 N. 160TH ST LOXAHATCHEE, FL 33470 US

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1895933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALLIERE, LINDA
1070 SWEET BRIAR PL
WELLINGTON, FL 33414

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7. 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 _____ 000000563444
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary.) 05/20/06-80011-012 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$3.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	VALLIERE, LINDA
STREET ADDRESS	1070SWEET BRIAR PL
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	BAILEY, BENJAMIN
STREET ADDRESS	4074 N. 160TH AVE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda C Valliere April 30, 06 561-923-9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #