


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000144969 1. Entity Name CUSTOM IMPRESSIONS, INC.	
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Principal Place of Business 115 BAY GROVE RD. FREEPORT, FL 32439	Mailing Address 115 BAY GROVE RD. FREEPORT, FL 32439
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04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1687439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODGERS, ROBERT J 115 BAY GROVE RD. FREEPORT, FL 32439

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

05/07/08-20025-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODGERS, ROBERT J 115 BAY GROVE RD. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKE, BRYAN E 170 JENNINGS RD. FREEPORT, FL 32439
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**DO NOT WRITE
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: Robert J. Rodgers **Robert J. Rodgers** 84-18-08 (850) 974-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #