

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90327 003 \*\*\*150.00

<b>DOCUMENT # P04000052774</b>	
1. Entity Name <b>IMPRESSION CONSTRUCTION INC.</b>	



Principal Place of Business <b>367 MENDOZA ST. PUNTA GORDA FL 33983 US</b>	Mailing Address <b>367 MENDOZA ST PUNTA GORDA FL 33983 US</b>
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2. Principal Place of Business <b>23375 Janice St. Suite, Apt. #, etc. Unit 13 City &amp; State Port Charlotte, FL. Zip 33980</b>	3. Mailing Address <b>23375 Janice St. Suite, Apt. #, etc. Unit 13 City &amp; State Port Charlotte, FL. Zip 33980</b>
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>MOULTON, JEREMIAH R 367 MENDOZA ST PUNTA GORDA FL 33983</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOULTON, JEREMIAH R 367 MENDOZA ST PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Moulton, Jeremiah R. 3414 Depew Ave. Port Charlotte, FL. 33952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] **2/11/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #