

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90307 003 ***150.00

DOCUMENT # P04000074621

1. Entity Name
A FIRST IMPRESSION, INC.



Principal Place of Business
**2155 SE WAYNE RD APT C
STUART, FL 34994**

Mailing Address
**2155 SE WAYNE RD APT C
STUART, FL 34994**

50043748

2. Principal Place of Business
1201 SW ALCANTARRA BLVD.

3. Mailing Address
1201 SW ALCANTARRA BLVD.

Suite, Apt. #, etc.



04202005 Chg-P CR2E034 (10/03)

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

Zip
34953

Country
St. Lucie

4. FEI Number
20-1103271

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSS, JASON
2155 SE WAYNE RD APT C
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
ROSS, Jason

Street Address (P.O. Box Number is Not Acceptable)
1201 SW Alcantarra Blvd.

City
Port St. Lucie

FL

Zip Code
34953

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 **4/20/05**

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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JASON 2155 SE WAYNE RD APT C STUART, FL 34994	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4/20/05** DAYTIME PHONE # **772-631-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR