


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 001 ***150.00

DOCUMENT # P05000018234 1. Entity Name FIRST IMPRESSIONS LANDSCAPE AND NURSERY, INC.			
Principal Place of Business 12765 W. FOREST HILL BLVD. #1305 WELLINGTON, FL 33414		Mailing Address 12765 W. FOREST HILL BLVD. #1305 WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box # 4600 S.W. 48th AVE		3. Mailing Address 4600 S.W. 48th AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm City, FL		City & State Palm City, FL	
Zip 34990		Zip 34990	
Country US		Country US	
4. FEI Number 20-2294045		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, JONATHAN S 7437 SADDLE ROAD LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name JONATHAN S BAILEY Street Address (P.O. Box Number is Not Acceptable) 4600 S.W. 48th AVE City Palm City FL Zip Code 34990	
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 <u><i>Jonathan S Bailey pres</i></u> DATE <u>1-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/D BAILEY, JONATHAN S 4600 SW 48TH AVE PALM CITY, FL 34990	<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	
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	
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: <u><i>Jonathan S Bailey pres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-28-07</u> <small>Date Daytime Phone #</small>	