

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000086925

1. Entity Name
FIRST IMPRESSIONS CARPET CLEANING, INC.



Principal Place of Business
599 KISSIMEE AVE
BLDG B
OCOE, FL 34761

Mailing Address
P.O. BOX 446
OCOE, FL 34761



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3012868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILLARD FINANCIAL SOLUTIONS, LLC
114 PENNSYLVANIA AVE
WINTER GARDEN, FL 34787

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GILBERTSON, KURT H
STREET ADDRESS 626 SHERWOOD OAKS CIRCLE
CITY-ST-ZIP OCOEE, FL 34761

TITLE VP
NAME GILBERTSON, KIM A
STREET ADDRESS 626 SHERWOOD OAKS CIRCLE
CITY-ST-ZIP OCOEE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000721824
05/02/07-80006-023 150.00

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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: *Kim Gilbertson* *V.P.* *1-8-07* *4072991770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #