

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY 31 AM 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005162

1. Entity Name
FIRST IMPRESSION BY PHYLLIS, INC.



Principal Place of Business
2370 NE CAPITAL CIRCLE
2370
TALLAHASSEE, FL 32308 US

Mailing Address
2370 NE CAPITAL CIRCLE
2370
TALLAHASSEE, FL 32308 US



05302006 No Chg-P CR2E034 (11/05) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3163444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, PHYLLIS B
1833 HALSTEAD BLVD.
TALLAHASSEE, FL 32308

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, PHYLLIS B 2370 NE CAPITAL CR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TULL, EDIE 2370 NE CAPITAL CR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800076390838
DO NOT WRITE **150.00
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: Phyllis B Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-30-06 Daytime Phone # _____