

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000005162

1. Entity Name
FIRST IMPRESSION BY PHYLLIS, INC.



FILED

07 MAY -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

05092007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME 200102931482
STREET ADDRESS 05/21/07--01016--006
CITY-ST-ZIP **150.00

TITLE VP Delete
NAME TULL, EDIE
STREET ADDRESS 2370 NE CAPITAL CR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5.9.07
Date

Daytime Phone #