

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90024 014 ***150.00

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1. Entity Name
FIRST IMPRESSIONS PRINTING & COMMUNICATIONS,
INC.



Principal Place of Business
530 S. RONALD REAGAN BLVD
108
LONGWOOD, FL 32750 US

Mailing Address
530 S. RONALD REAGAN BLVD
108
LONGWOOD, FL 32750 US

2. Principal Place of Business - No P.O. Box #

1255 Belle Ave

3. Mailing Address

1255 Belle Ave

Suite, Apt. #, etc.

#129

Suite, Apt. #, etc.

#129

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA



03202007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3204148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN L
530 S. RONALD REAGAN BLVD, SUITE 108
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1255 Belle Ave #129

City

Winter Springs

FL

Zip Code

32708

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

STEPHEN L. Williams

4/23/2007

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 MPT ☐ Delete
NAME WILLIAMS, STEPHEN L
STREET ADDRESS 530 S. RONALD REAGAN BLVD, SUITE 108
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VP ☒ Delete
NAME WILLIAMS, ERIKA A
STREET ADDRESS 422 MACGREGOR ROAD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1255 Belle Ave #129
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. Williams

Date

Daytime Phone #

4/23/2007 407-831-6100