

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000008448

1. Entity Name
FIRST IMPRESSIONS FLOOR CARE, INC.



Principal Place of Business
10092-7A SAN JOSE BLVD
JACKSONVILLE, FL 32257

Mailing Address
3330 WAVERLY DOCK ROAD
JACKSONVILLE, FL 32223

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIRKL, MIKE
5344 SHORE DR
ST.AUGUSTINE, FL 32086

**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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000622161
02/13/07-80014-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BAKER, AUNDRIA D
STREET ADDRESS	3330 WAVERLY DOCK ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32223

TITLE	VP
NAME	BAKER, BEN F
STREET ADDRESS	3330 WAVERLY DOCK RD
CITY-ST-ZIP	JACKSONVILLE, FL 32223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aundria Baker D 1/31/07 904 716 2221