

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071028

Entity Name: FURST IMPRESSIONS OF BREVARD, INC.

FILED  
Mar 19, 2004  
Secretary of State

**Current Principal Place of Business:**

847 BERKSHIRE DR.  
ROCKLEDGE, FL 329553551

**New Principal Place of Business:**

**Current Mailing Address:**

847 BERKSHIRE DR.  
ROCKLEDGE, FL 329553551

**New Mailing Address:**

FEI Number: 59-3590143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURST, TIMOTHY J  
847 BERKSHIRE DR.  
ROCKLEDGE, FL 329553551 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FURST, TIMOTHY J  
Address: 847 BERKSHIRE DR.  
City-St-Zip: ROCKLEDGE, FL 329553551

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. FURST

PD

03/19/2004

Electronic Signature of Signing Officer or Director

Date