

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000075479  
 1. Entity Name  
 PRUETT IMPRESSIONS, INC.



Principal Place of Business      Mailing Address  
 1040 HERNDON                      P.O. BOX 20724  
 SARASOTA, FL 34232              SARASOTA, FL 34276



03072007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0943622      Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRUETT, WILLIAM B  
 1040 HERNDON  
 SARASOTA, FL 34232

**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: Wm. B. Pruett      William B. Pruett, Reg Agent 3-14-07  
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      \$5.00 May Be  
 Trust Fund Contribution.                    Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PRUETT, WILLIAM B
STREET ADDRESS	1040 HERNDON
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000671746  
 03/28/07-80039-015 150.00

**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: Wm. B. Pruett      William B. Pruett, Pres. 3-14-07      941-951-1143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #