

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000085093**

1. Entity Name

LASTING IMPRESSIONS OF LIVE OAK, INC.



Principal Place of Business  
1002 CHURCH AVE SW  
LIVE OAK FL 32064

Mailing Address  
1002 CHURCH AVE SW  
LIVE OAK FL 32064



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3613877**

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

WENNBURG, DONNA  
1368 US HWY. 90 E.  
LIVE OAK FL 32060

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

*Donna Wennberg President*

*4-27-07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: PSTD  
STREET ADDRESS: WENNBURG, DONNA  
CITY-STATE-ZIP: 1368 US HWY. 90 E.  
LIVE OAK FL 32060 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: **U000000745699**  
CITY-STATE-ZIP: **05/16/07-80039-005 150.00**

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
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STREET ADDRESS:  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Donna Wennberg Donna Wennberg*

*4-27-07*

*386-208-8038*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #