2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V72738

1. Entity Name
GOOD IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
578 MOONPENNY CIRCLE	PO BOX 291598
PORT ORANGE, FL 32127 US	PORT ORANGE, FL 32129 US

DO NOT WRITE IN THIS SPACE

01302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3145921	Not Applicable

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

6. Name and Address of Current Registered Agent

LEONE, DOMINICK J
578 MOONPENNY CIRCLE
PT ORANGE, FL 32127

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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 _Dominick J Leone_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when reinstating)

DATE 4-18-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000128722
04/26/04-80050-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEONE, DOMINICK J
STREET ADDRESS	578 MOONPENNY CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	T
NAME	LEONE, PAMALA G
STREET ADDRESS	578 MOONPENNY CIR
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 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: _Dominick J Leone_ PRESIDENT 4-18-04 1-386-788-7067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #