

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # 691394

**1. Entity Name
EDNA'S BEAUTY SALON, INC.**



**Principal Place of Business
3422 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32205**

**Mailing Address
3422 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32205**



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2098056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLBROOK, KATHLEEN F
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR
JACKSONVILLE, FL 32202**

**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, 2004 Fee will be \$550.00**

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

U00000112513
04/14/04 80026 020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	FORDHAM, IRENE S.
STREET ADDRESS	3422 COMMONWEALTH AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	DP
NAME	SHUEMAKEM, EDNA
STREET ADDRESS	3422 COMMONWEALTH AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: *Irene S. Fordham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2004
Date

Daytime Phone #