

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 016 ***150.00

DOCUMENT # M66637 1. Entity Name NORTH FLORIDA COSMETOLOGY INSTITUTE, INC.			
Principal Place of Business 1101 D CAPITAL CIR. NE 2424 Allen Rd TALLAHASSEE, FL 32301 32312 US		Mailing Address 1101 D CAPITAL CIR. NE 2424-Allen Rd TALLAHASSEE4, FL 32301 32312 US	
2. Principal Place of Business 2424 Allen Rd Suite, Apt. #, etc.		3. Mailing Address 2424-Allen Rd Suite, Apt. #, etc.	
City & State Tallahassee		City & State Tallahassee FL	
Zip 32312		Zip 32312	
Country Leor		Country Leor	
4. FEI Number 59-2884121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, KIMBERLY L 1101 D CAPITAL CIR. NE 5970 Love Ridge TALLAHASSEE, FL 32301 32312		7. Name and Address of New Registered Agent 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 Kimberly L. Matthews Kimberly L. Matthews 2-23-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS <input type="checkbox"/> Delete NAME COPPEDGE, ANITA W. STREET ADDRESS 1101 D CAPITAL CIR. NE CITY-ST-ZIP TALLAHASSEE, FL 32301		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE OVT <input type="checkbox"/> Delete NAME MATTHEWS, KIMBERLY L STREET ADDRESS 5970 LOVE RIDGE CITY-ST-ZIP TALLAHASSEE, FL 32312		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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: Anita W Coppedge Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/22/05 850 Daytime Phone # 878-5269	