


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 032 ****70.00

DOCUMENT # N05000011636

1. Entity Name
 8 ET 40 DUVAL SALON 892, INC.



Principal Place of Business
 1127 ATLANTIC BLVD
 ATLANTIC BEACH, FL 32233

Mailing Address
 1127 ATLANTIC BLVD
 ATLANTIC BEACH, FL 32233



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number
 1343100N6

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SWORD, VIRGINIA H
 504 COURAGEOUS COURT SOUTH
 ATLANTIC BEACH, FL 32233

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 *Virginia H. Sword* VIRGINIA H. SWORD 3-21-06

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

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SWORD, VIRGINIA H	504 COURAGEOUS COURT SOUTH	ATLANTIC BEACH, FL 32233	<input type="checkbox"/>
D	ADAMS, MARY	235 RAVINE ST	JACKSONVILLE, FL 322062139	<input type="checkbox"/>
D	STEVENS, VERA A	844 PINEMADOW COVE	JACKSONVILLE, FL 322062139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: *Virginia H. Sword* VIRGINIA H. SWORD 3/21/06 904-241-8271

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