


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000011636**

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



Principal Place of Business <b>1127 ATLANTIC BLVD          ATLANTIC BEACH, FL 32233</b>	Mailing Address <b>1127 ATLANTIC BLVD          ATLANTIC BEACH, FL 32233</b>
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>13-4310046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWORD, VIRGINIA H 504 COURAGEOUS COURT SOUTH ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARY 235 RAVINE ST JACKSONVILLE, FL 322062139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, VERA A 844 PINEMEADOW COVE JACKSONVILLE, FL 322062139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/26/07-80013-024 61.25

**DO NOT WRITE IN THIS SPACE**

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** *2-9-07* **904-241-8271**

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