2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053093

1. Entity Name
CAMEO'S NAILS OF OCALA, INC.

Principal Place of Business	Mailing Address
20 SE 16TH AVE	20 SE 16TH AVE
OCALA, FL 34471	OCALA, FL 34471

NOT WRITE IN THIS SPACE

01162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3651406	Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, CAMEO L
4110 N.E. 11TH STREET
OCALA, FL 34470

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	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTT, CAMEO L
STREET ADDRESS	4110 N.E. 11TH STREET
CITY-ST-ZIP	OCALA, FL 34470

U00000013148
01/26/04-80042-003 150.00

TITLE	
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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: _____   1-22-04

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