

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90029 044 \*\*\*150.00

**DOCUMENT # P01000088538**

1. Entity Name  
**KIM'S NAILS OF JACKSONVILLE, INC.**



Principal Place of Business  
**11101 ST. AUGUSTINE RD., SUITE 4  
JACKSONVILLE, FL 32257**

Mailing Address  
**11101 ST. AUGUSTINE RD., SUITE 4  
JACKSONVILLE, FL 32257**

**50000324**

2. Principal Place of Business - No P.O. Box #  
**105 Nature Walk**  
Suite, Apt. #, etc.

3. Mailing Address  
**105 Nature Walk Parkway #103**  
Suite, Apt. #, etc.



03082008 Chg-P CR2E034 (12/06)

City & State  
**St. Augustine**  
Zip Country  
**32092**

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**St. Augustine**  
Zip Country  
**32092**

4. FEI Number  
**59-3748862**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VU, THANH T**  
**11101 ST. AUGUSTINE RD., SUITE 4**  
**JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name **Vu, Thanh**  
Street Address (P.O. Box Number is Not Acceptable)  
**105 Nature Walk Parkway**  
**Ste 103**  
City **St. Augustine** FL Zip Code **32092**

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

**3-13-08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **VU, THANH T**  
STREET ADDRESS **11101 ST. AUGUSTINE RD., SUITE 4**  
CITY - ST - ZIP **JACKSONVILLE, FL 32257**

TITLE VSD ☐ Delete  
NAME **TU, LUONG Q**  
STREET ADDRESS **11101 ST. AUGUSTINE RD., SUITE 4**  
CITY - ST - ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Vu, Thanh**  
STREET ADDRESS **105 Nature Walk Parkway #103**  
CITY - ST - ZIP **St. Augustine, FL 32092**

TITLE **VSD** ☒ Change ☐ Addition  
NAME **Tu, Luong**  
STREET ADDRESS **105 Nature Walk Parkway #103**  
CITY - ST - ZIP **St. Augustine, FL 32092**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/08** **904-287-9434**  
Date Daytime Phone #