


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90037 018 ***150.00

DOCUMENT # P02000009328					
1. Entity Name JULIANN'S BOUTIQUE INC.					
Principal Place of Business 3568 ST JOHNS AVENUE JACKSONVILLE, FL 32205		Mailing Address <i>1225 W. Beaver St</i> 3568 ST JOHNS AVENUE JACKSONVILLE, FL 32204			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0008014	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNS, MILTON 5640-1 TIMUQUANA ROAD JACKSONVILLE, FL 32210			Name <i>Annie L. Major</i> Street Address (P.O. Box Number is NOT Acceptable) <i>8429 Royalwood Drive</i> City <i>Jacksonville</i> FL Zip Code <i>32256</i>		
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 <i>Annie L. Major</i> <small>Signature, typed or printed name of registered agent and filer if applicable.</small>			Owner		DATE <i>1-20-05</i>
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	PVD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJOR, ANNIE L		NAME		
STREET ADDRESS	3568 ST JOHNS BLUFF ROAD		STREET ADDRESS	<i>8429 Royalwood Drive</i>	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	<i>Jacksonville, FL 32256</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Annie L. Major</i>			Date <i>1-20-05</i>		Daytime Phone # <i>(904) 387-4999</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

