

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90001 023 \*\*\*150.00

**DOCUMENT # P03000039832**

1. Entity Name  
**M & J'S FASHIONS AND BEAUTY SUPPLY INC.**



Principal Place of Business  
**4149 LOYS DR  
JACKSONVILLE, FL 32246**

Mailing Address  
**4149 LOYS DR  
JACKSONVILLE, FL 32246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012003

Chg-P

CR2E034 (10/03)

4. FEI Number

**11-3685216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LYONS, JAQUITA  
4149 LOYS DR  
JACKSONVILLE, FL 32246**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | LYONS, JAQUITA         |                                 |
| STREET ADDRESS | 4149 LOYS DR           |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246 |                                 |
| TITLE          | V                      | <input type="checkbox"/> Delete |
| NAME           | PARRISH, MICHELE       |                                 |
| STREET ADDRESS | 4149 LOYS DR           |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246 |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | LYONS, BETTY           |                                 |
| STREET ADDRESS | 4149 LOYS DR           |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32246 |                                 |
| TITLE          | Director               | <input type="checkbox"/> Delete |
| NAME           | Hardy, Terry           |                                 |
| STREET ADDRESS | 4149 Loys Dr.          |                                 |
| CITY-ST-ZIP    | Jacksonville, FL 32246 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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: *Michelle Parish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/04** (904) 928-3852  
Date Daytime Phone #