


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90004 018 \*\*\*150.00

<b>DOCUMENT # P03000084592</b>	
1. Entity Name <b>ADVANTAGE ACADEMY OF NAILS AND COSMETOLOGY, INC</b>	

Principal Place of Business <b>325 S. ORLANDO AVE SUITE # 1-4 WINTER PARK, FL 32789</b>	Mailing Address <b>325 S. ORLANDO AVE SUITE # 1-4 WINTER PARK, FL 32789</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08042004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0126519</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TRAN, VAN THANH 325 S. ORLANDO AVE SUITE # 1-4 WINTER PARK, FL 32789</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TRAN, VAN T 7532 GLENMOOR LN WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Van Tran* **8/4/04** **407-599-5500**

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

**Patrick M. Burns, CPA, PA**

Accountants, Consultants, and Tax Professionals

Attachment  
24 AUG 03  
#P03000068US92

August 5, 2004

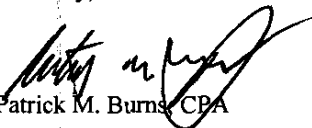
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

RE: **Advantage Academy of Nails and Cosmetology, Inc.**

Dear Sir or Madam:

Please note that I represent the above taxpayer in all federal, state, and local tax matters. I am in receipt of the enclosed notice regarding the taxpayers 2004 For Profit Corporation Annual Report. Please note that the taxpayer did not receive the notice and was not aware of the need to file his annual report. Enclosed please find her annual report and check #1073 in the amount of \$150.00. The taxpayer and I respectfully request the removal of any late fees and penalties due. Should you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your assistance in this matter.

Sincerely,

  
Patrick M. Burns, CPA