

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085340

FILED
May 01, 2008
Secretary of State

Entity Name: NATURAL NAIL CARE CLINIC OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

4479 US HWY 17, SUITE 1
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

4479 US HWY 17, SUITE 1
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-0130581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEITIG, MARY ANN
1580 SANDY SPRINGS DR
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

FEITIG, MARY ANN
2672 COUNTRY SIDE DRIVE
ORANGE PARK, FL 32003 US

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.

SIGNATURE:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEITIG, MARY ANN
Address: 2672 COUNTRY SIDE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: PETERSON, JENNIFER L
Address: 2672 COUNTRY SIDE DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN FEITIG

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date