Apr 24 05 02:01p Tom Murphy

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90228 018 ***158.75

DOCUMENT # P03000148985

1. Entity Name
EXOTIC JUNGLE BOUTIQUE AND SALON INC.

Principal Place of Business
10950-56 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223 US

Mailing Address
~~3948 3RD STREET SOUTH~~
~~288~~
~~JACKSONVILLE BEACH, FL 32250 US~~

*170006233

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0471047
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARMER, LINDA D
~~105 SANDY POINT PLACE~~ 3547 TIARA WAY W.
~~2607~~
~~PONTE VEDRA, FL 32082~~ JACKSONVILLE, FL.
32223

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (Must be registered agent when required))

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FARMER, LINDA D
STREET ADDRESS	105 SANDY POINT PLACE #2607
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Linda Day Farmer 4/26/05 904-525-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #