

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90386 012 \*\*\*150.00

DOCUMENT # P04000010096

1. Entity Name  
ANNETTE'S BEAUTY SUPPLIES INCORPORATED



Principal Place of Business  
5400 OXFORD CREST DRIVE  
JACKSONVILLE, FL 32258

Mailing Address  
5400 OXFORD CREST DRIVE  
JACKSONVILLE, FL 32258

14012370



2. Principal Place of Business

10601 San Jose Blvd.  
Suite, Apt. #, etc.  
#102

3. Mailing Address

5400 Oxford Crest Dr.

Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

FEI Number

52-2437996

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32258

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENTS INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Annette C. Morales

Street Address (P.O. Box Number is Not Applicable)

5400 Oxford Crest Drive

Jacksonville

FL

Zip Code  
32258

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 Annette C. Morales (Vice President)

4/25/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 DP  
NAME MORALES, ANNETTE C  
STREET ADDRESS 5400 OXFORD CREST DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32258 ☐ Delete

TITLE DV  
NAME CHAPMAN, ANITA  
STREET ADDRESS 1288 NW 171ST TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028 ☐ Delete

TITLE D  
NAME CHAPMAN, MARK  
STREET ADDRESS 5535 CHAMBERS WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

TITLE D  
NAME COLLINS, CAMILLA  
STREET ADDRESS 12690 OXFORDSHIRE COURT  
CITY-ST-ZIP ALPHARETTA, GA 30005 ☐ Delete

TITLE DS  
NAME CHAPMAN, MARK III  
STREET ADDRESS 10653 MULRANY GLEN COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P (President)  
NAME Chapman, Mark Jr.  
STREET ADDRESS 5535 Chambers Way  
CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE V (Vice President)  
NAME Morales, Annette, C.  
STREET ADDRESS 5400 Oxford Crest Drive  
CITY-ST-ZIP Jacksonville, FL 32258 ☒ Change ☐ Addition

TITLE P (President)  
NAME Chapman, Mark Jr.  
STREET ADDRESS 5535 Chambers Way  
CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE T (Treasurer)  
NAME Collins, Camilla  
STREET ADDRESS 12690 Oxfordshire Ct.  
CITY-ST-ZIP Alpharetta, GA 30005 ☒ Change ☐ Addition

TITLE S  
NAME Chapman, Anita  
STREET ADDRESS 1288 NW 171st Terrace  
CITY-ST-ZIP Pembroke Pines, FL 33028 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Annette C. Morales (Annette C. Morales)

4/25/05

(904)-629-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)-788-0203