2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-08-2005 90037 019 ***150.00

DOCUMENT # P04000023055

1. Entity Name
WITH A TOUCH OF ELEGANCE, INC.

Principal Place of Business
~~3568 ST JOHNS AVE~~ 1225 W. Beaver St
JACKSONVILLE, FL 32204

Mailing Address
~~3568 ST JOHNS AVE~~ 1225 W. Beaver St
JACKSONVILLE, FL 32204

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1225 W. Beaver St.	1225 W. Beaver St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: Duval	Zip: 32204 Country: Duval

4. FEI Number: 55-0856349 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAJOR, ANNIE L
~~3568 ST JOHNS AVE~~ 1225 W. Beaver St.
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8429 Royalwood Drive
Jacksonville, FL 32256
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: Annie L. Major DATE: 1-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD MAJOR, ANNIE L 3568 ST JOHNS AVE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8429 Royalwood Drive Jacksonville, FL 32256	☑ Change ☐ Addition
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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: Annie L. Major 1-20-05 (904)387-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #