


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-06-2007 90004 039 ***150.00

DOCUMENT # P04000051333 1. Entity Name AMERICAN ACADEMY OF COSMETOLOGY, INC.	
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Principal Place of Business 1330 BLANDING BLVD. SUITE 125 ORANGE PARK, FL 32065	Mailing Address 1330 BLANDING BLVD. SUITE 125 ORANGE PARK, FL 32065
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0922098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, CATHERINE 4605 KANGAROO STREET MIDDLEBURG, FL 32068	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, CATHERINE 4605 KANGAROO STREET MIDDLEBURG, FL 32068
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other-like empowered.

SIGNATURE: (X)  **3/15/07** (904) 213-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #