


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90174 020 ***150.00

DOCUMENT # P04000071389					
1. Entity Name TOTAL NAILS, INC.					
Principal Place of Business 4375 SOUTHSIDE BLVD #13 JACKSONVILLE, FL 32216			Mailing Address 12649 SHOAL CREEK LANE N JACKSONVILLE, FL 32225		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1081880	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LE, JEFFREY 4375 SOUTHSIDE BLVD #13 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME LE, JEFFREY		<input type="checkbox"/> Delete		
STREET ADDRESS 4375 SOUTHSIDE BLVD STE #13	CITY-ST-ZIP JACKSONVILLE, FL 32216		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME DANG, HONG		<input type="checkbox"/> Delete		
STREET ADDRESS 4375 SOUTHSIDE BLVD STE #13	CITY-ST-ZIP JACKSONVILLE, FL 32216		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

50047831



04232005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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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 LE, JEFFREY
STREET ADDRESS 4375 SOUTHSIDE BLVD STE #13
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VP
NAME DANG, HONG
STREET ADDRESS 4375 SOUTHSIDE BLVD STE #13
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #