

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000098323					
1. Entity Name JULIA CLAIRE, INC.					
Principal Place of Business 3657 ST. JOHNS AVENUE JACKSONVILLE FL 32205			Mailing Address 3657 ST. JOHNS AVENUE JACKSONVILLE FL 32205		
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 20-1312205	
				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		
TORAK, JULIA 3657 ST. JOHNS AVENUE JACKSONVILLE FL 32205			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recertifying)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORAK, JULIA		NAME		
STREET ADDRESS	3657 ST. JOHNS AVENUE		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32205		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORAK, SCOTT		NAME		
STREET ADDRESS	3657 ST. JOHNS AVENUE		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32205		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **20-1312205**

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when recertifying)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TORAK, JULIA**
STREET ADDRESS **3657 ST. JOHNS AVENUE**
CITY- ST- ZIP **JACKSONVILLE FL 32205**

☐ Change ☐ Addition
U000000538369
05/08/06-80089-021 150.00

TITLE **D** ☐ Delete
NAME **TORAK, SCOTT**
STREET ADDRESS **3657 ST. JOHNS AVENUE**
CITY- ST- ZIP **JACKSONVILLE FL 32205**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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

SIGNATURE: *Julia W Torak* - *Julia W Torak* 4/22/06 9043873175