

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90142 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000126947 1. Entity Name COIFFEUR INC.					
Principal Place of Business 14333 BEACH BLVD SUITE 28 JACKSONVILLE FL 32250			Mailing Address 14333 BEACH BLVD SUITE 28 JACKSONVILLE FL 32250		
2. Principal Place of Business 1316 Third Street North Suite, Apt. #, etc.		3. Mailing Address 1316 Third Street North Suite, Apt. #, etc.			
City & State Jacksonville Beach FL Zip 32250 Country USA		City & State Jacksonville Beach FL Zip 32250 Country USA		4. FEI Number 20-1596528	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE FL 32205			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 <u><i>Patricia A Ryder</i></u> DATE <u><i>April 7-05</i></u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P RYDER, PATRICIA A 1331 1ST ST N UNIT 1003 JACKSONVILLE BEACH FL 32250	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 <u><i>Patricia A Ryder</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u><i>April 7-05</i></u> 904-992-4500 Daytime Phone #		