


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 023 ***150.00

DOCUMENT # P05000000483 1. Entity Name LY'S NAILS, INC.	
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Principal Place of Business 2148 SADLER ROAD FERNANDINA BEACH, FL 32034	Mailing Address 2148 SADLER ROAD FERNANDINA BEACH, FL 32034
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20007204



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2116886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LY, LUAN 2148 SADLER ROAD FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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	P LY, LUAN 2148 SADLER ROAD FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAN, THANH 2148 SADLER ROAD FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06
Date

Daytime Phone #