

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 021 \*\*\*150.00

**DOCUMENT # P05000099222**

1. Entity Name  
**LOVELY NAILS OF JAX, INC.**



Principal Place of Business  
**1440 DUNN AVE STE 2  
JACKSONVILLE, FL 32218**

Mailing Address  
**1440 DUNN AVE STE 2  
JACKSONVILLE, FL 32218**

**DO NOT WRITE IN THIS SPACE**



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3155907**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NGUYEN, TY  
1440 DUNN AVE STE 2  
JACKSONVILLE, FL 32218**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	NGUYEN, TUAN
STREET ADDRESS	1440 DUNN AVE STE 2
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	VP
NAME	NGUYEN, TY
STREET ADDRESS	1440 DUNN AVE STE 2
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

**3/18/08 904-751-9282**  
Date Daytime Phone #