

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-30-2007 90409 006 ***150.00

DOCUMENT # P06000021385 1. Entity Name DUCHESS BEAUTY SUPPLY, INC.																														
Principal Place of Business 2210 N TAMiami TRAIL NAPLES, FL 34103			Mailing Address 2210 N TAMiami TRAIL NAPLES, FL 34103																											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																												
Suite, Apt. #, etc.		Suite, Apt. #, etc.																												
City & State		City & State																												
Zip	Country	Zip	Country																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																										
GRAYCEN, ELYNE 2210 N TAMiami TRAIL NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 re-registering) DATE</small>																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PRESIDENT, SEC. TREAS.</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ELYNE GRAYCEN</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">559 BAY VILLAGES LANE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NAPLES, FL 34108</td> <td></td> </tr> </table> </div></div>						TITLE	PRESIDENT, SEC. TREAS.	<input type="checkbox"/> Delete	NAME	ELYNE GRAYCEN		STREET ADDRESS	559 BAY VILLAGES LANE		CITY-ST-ZIP	NAPLES, FL 34108		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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4. FEI Number **87-076 1438** Applied For ☐ Not Applicable ☐

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