


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90001 044 \*\*\*150.00

<b>DOCUMENT # P06000021385</b> 1. Entity Name <b>DUCHESS BEAUTY SUPPLY, INC.</b>					
Principal Place of Business <b>2210 N TAMAMI TRAIL</b> <i>wrong</i> <b>NAPLES, FL 34103</b>			Mailing Address <b>2210 N TAMAMI TRAIL</b> <i>wrong</i> <b>NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box # <b>5201 N. Tamiami Tr. #2</b>		3. Mailing Address <b>5201 N. Tamiami Tr. #2</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>87-0761438</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAYCEN, ELYNE</b> <b>2210 N TAMAMI TRAIL</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5201 N. Tamiami Tr. #2</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAYCEN, ELYNE 559 BAY VILLKS LN NAPLES, FL 34108 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <i>Elyne Graycen</i> <i>Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>8/16/08</i> Daytime Phone #: <i>239-268-4440</i>		

# ATTACHMENT

40113979  
# PO6000021385

Florida Div. of Corp-

Our CPA informed

US that we did

not file the annual

report for 2008-

We moved this

Spring & have not

received correspondence

We also do not

have internet access.

(Hard to believe, but  
we just sell wigs).

Please waive our  
penalty fee-

Thank you for your  
consideration!

Duchess