

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079113

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** JULIA'S ARTISTIC THREADING & DAY SPA, INC.

**Current Principal Place of Business:**

452 OSCEOLA DT. SUITE 214  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

452 OSCEOLA ST.  
214  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

452 OSCEOLA DT. SUITE 214  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

452 OSCEOLA ST  
214  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 27-4586387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, JULIA  
452 OSCEOLA DT. SUITE 214  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

JOHNSON, JULIA  
452 OSCEOLA ST. SUITE 214  
214  
ALTAMONTE SPRINGS, FL 32701 US

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.

**SIGNATURE:** JULIA JOHNSON

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** JOHNSON, JULIA J  
**Address:** 452 OSCEOLA ST. SUITE 214  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JULIA JOHNSON

CEO

04/26/2011

Electronic Signature of Signing Officer or Director

Date