

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000045379

Entity Name: LYNN IVY SALON, INC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3351 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1609 THACKER AVEP.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1287 AVONDALE AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-3259261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARK, LYNN I  
1287 AVONDALE AVENUE  
JACKSONVILLE, FL 32205 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARK, LYNN I  
Address: 1287 AVONDALE AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: V  
Name: CLARK, ROBERT L  
Address: 1287 AVONDALE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

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: LYNN IVY CLARK

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date