## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

_	ANNU	JAL K	EPORT			;	Secreta	ary (	ot St	ate	
DOCUMENT # P97000060091						<u>,                                    </u>	04-30-2007 90840 002 ***150.00				
1. Entity Name DE'JAVU SALON, INC.				A SERVICE							
Principal Place of Business Mailing Address				<u> </u>		ina∧: □	12120				
11018 OLD ST. AUGUSTINE RD. #122 JACKSONVILLE, FL 32257			11018 OLD ST. AUGUSTINE RD Jacksonville, FL 32257		<b>±122</b>	400	- <b>480</b>				
ACKSONVIL	.cc, 1	•	ACKSONVILLE, IL 322				18 (Bill fhail Balk aans ars	II CELIS ESIN SE	fii Balla (Black fii	(1881 li 1881	
2. Principal Place of Business - No P.O. Box #		:# 3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272007	Chg-P	CBSEO	34 (12/06)		
City & State			City & State			4. FEI Numb	-	CRZEU		plied For	
						59-346		P-46 -4		ot Applicable	
Zip	Country Zip		Zip	Country		5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
SMITH, ANN K ESQ.				<u> </u>							
550 WATER STREET, STE. 1150 JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is Not Acceptable)						
					City				Zin Code		
The above named entity submits this statement for the purpose of changing its registers.					·	FL Zip Code					
the obligat	tions of registered agent.	MOR JOI LINE	purpose of changing its	registered	omea or regis	stered agent, or be	out, in the state of the	ина. Гант	amılar witii,	ано ассері	
SIGNATURE.	Signature, typed or printed name of registe	red agent and title	ul applicable. (NOTE	: Registered Ag	ent signature ceru	uired when reinstating)		DATE			
										-	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contributio						5.00 May Be Added to Fees					
10.	OFFICEF	IS AND DIRE		11.	ı	ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	MORTON, JOHN		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS 12052 BACKWIND DRIVE							
TITLE	ONONO ON THE ELECTION OF THE OFFICE OFFICE OFFICE OF THE OFFICE O		☐ Delete	TIFLE					Change	☐ Addition	
NAME STREET ADDRESS				name Street a	DDRESS						
CITY-\$1-ZIP				CITY-ST-				,			
TITLE NAME			☐ Delete	TITLE Name					☐ Change	☐ Addition	
STREET ADDRESS											
				STREET A							
CITY-SI-ZIP			□ Delete						Change	☐ Addition	
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TITLE			☐ Delete	STREET A CITY-ST- TITLE	ZIP				Change	☐ Addition	
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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.

CITY-ST-ZIP

SIGNATURE: John C. Moton John C. Morton

CITY+ST-ZIP

4-27-07 (904) 699-518

Daytime Pho