

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000087317

**Entity Name:** DEP NAIL SALON TOWN CENTER INC.

**Current Principal Place of Business:**

4906 TOWN CENTER PARKWAY #401  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4906 TOWN CENTER PARKWAY #401  
JACKSONVILLE, FL 32246

**FEI Number:** 87-2996593

**Certificate of Status Desired:** No

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

NGUYEN, HOA  
3985 REDS GAIT LANE  
JACKSONVILLE, FL 32223 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NGUYEN, HOA  
Address 3985 REDS GAIT LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title VP  
Name DO, PAUL  
Address 11341 KNOTTINGHAM TRACE CT  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name NGUYEN, CUONG  
Address 13084 SIR ROGERS CT  
City-State-Zip: JACKSONVILLE FL 32224

*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:** PAUL DO

VPRESIDENT

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date