

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90644 013 ***150.00

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1. Entity Name

STYLE CREST PRODUCTS, INC.



Principal Place of Business
3904 BUILDERS CIRCLE
PLANT CITY FL 33567

Mailing Address
3904 BUILDERS CIRCLE
PLANT CITY FL 33567

14002138



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1839274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, PHILLIP
3904 BUILDERS CIRCLE
PLANT CITY FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME KERN, THOMAS L
STREET ADDRESS 2450 ENTERPRISE ST
CITY-ST-ZIP FREMONT OH 43420

TITLE ST ☐ Delete
NAME BURTON, PHILLIP
STREET ADDRESS 2450 ENTERPRISE ST.
CITY-ST-ZIP FREMONT OH 43420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Henry Valle
STREET ADDRESS 25626 Brittany Rd
CITY-ST-ZIP Perrysburg OH 42551

TITLE Vice President ☐ Change ☒ Addition
NAME James C Miller
STREET ADDRESS 2359 Willow Rond Blvd
CITY-ST-ZIP Sylvania OH 43560

TITLE Director ☐ Change ☒ Addition
NAME Thomas L Kern
STREET ADDRESS 2450 Enterprise ST
CITY-ST-ZIP Fremont Oh 43420

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #