

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058565

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** OBSESSIONS STYLING STUDIO INC

**Current Principal Place of Business:**

10095 BEACH BOULEVARD  
350  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

10095 BEACH BOULEVARD  
350  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 26-0187941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, ANGELINA  
8539 GATE PKWY WEST #1736  
JACKSONVILLE, FL 32216 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: SHELTON, ANGELINA  
Address: 8539 GATE PARKWAY WEST  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP  
Name: SHELTON, TEON F  
Address: P.O BOX 16492  
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: OFF  
Name: DAVIS, DERRICK  
Address: 10095 BECAH BLVD #350  
City-St-Zip: JACKSONVILLE, FL 32246

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: ANGELINA SHELTON

P

04/30/2012

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

\_\_\_\_\_  
Date