

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 687010	
1. Entity Name THE STYLE SETTER, INC.	

Principal Place of Business P.O. BOX 24224 10754-15 SCOTT MILL ROAD JACKSONVILLE FL 32223	Mailing Address P.O. BOX 24224 JACKSONVILLE FL 32241
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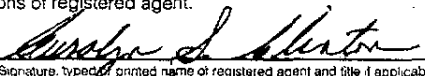
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent TROXLER, LANAS, ESQ. 2914 MADRID AVENUE JACKSONVILLE FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 2/25/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CLINTON, CAROLYN SULLIV 10754-15 SCOTT MILL ROAD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000068756 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/27/04-80055-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLINTON, CAROLYN SULLIVA 10754-15 SCOTT MILL ROAD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 2/25/04 904 262 0793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR