


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 687010 1. Entity Name THE STYLE SETTER, INC. |  |
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| 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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07052006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-2037304 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent TROXLER, LANAS, ESQ. 2914 MADRID AVENUE JACKSONVILLE, FL 32217 |
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IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CLINTON, CAROLYN SULLIV 10754-15 SCOTT MILL ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CLINTON, CAROLYN SULLIVA 10754-15 SCOTT MILL ROAD JACKSONVILLE, FL |
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07/07/06-80010-020 150.00

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IN THIS SPACE**

Handwritten: 2/5/06 2563

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten: 7/5/06

Date

Handwritten: 904 262 0799

Daytime Phone #