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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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 Jan 14) 2008 08:00 A Secretary of State



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01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2037304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

TROXLER, LANAS, ESQ. 2914 MADRID AVENUE JACKSONVILLE, FL 32217

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| The above named entity submits this statement for the purpose of change | ging its registered office | or registered agent, or both, in the State of | Florida. | i am iamiliar with, and accept |
|-------------------------------------------------------------------------|----------------------------|-----------------------------------------------|----------|--------------------------------|
| the obligations of registered agent. | | | • | |
| e e | • | | | |
| SIGNATURE | | | | |

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLÈ NAME CLINTON, CAROLYN SULLIV 10754-15 SCOTT MILL ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TITLE CLINTON, CAROLYN SULLIVA NAME 10754-15 SCOTT MILL ROAD STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL HILE NAME

21 1 124 5 Sec. 35

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DATE

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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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

name Street address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-05

200236 2278

Daytime Phone #