

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002175

FILED
Feb 18, 2005
Secretary of State

Entity Name: STYLE CREST SALES, INC.

Current Principal Place of Business:

2450 ENTERPRISES ST.
FREMONT, OH 43420

New Principal Place of Business:

2450 ENTERPRISE ST.
FREMONT, OH 43420

Current Mailing Address:

2450 ENTERPRISES ST.
FREMONT, OH 43420

New Mailing Address:

2450 ENTERPRISE ST.
DRAWER A
FREMONT, OH 43420

FEI Number: 34-1949119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON, PHILLIP
3904 BUILDERS CIRCLE
PLANT CITY, FL 33567 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KERN, THOMAS
Address: 2450 ENTERPRISES ST.
City-St-Zip: FREMONT, OH

Title: ST () Delete
Name: BURTON, PHILLIP
Address: 3904 BUILDERS CIRCLE
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP BURTON

S/T

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date