

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H20830

1. Entity Name
STYLE LINES, INC.



Principal Place of Business

C/O POPPE APOSTOLOU
1500 34TH ST. NO. #5
ST PETERSBURG, FL 33713-2460 US

Mailing Address

C/O POPPE APOSTOLOU
1500 34TH ST. NO. #5
ST PETERSBURG, FL 33713-2460 US

FILED
Apr 17, 2006 08:00 AM
Secretary of State



01172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2452236

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JOAN LOBIANCO
5263 CENTRAL AVE.
ST PETERSBURG, FL 33710

**DO NOT WRITE
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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	APOSTOLOU, POPPE
STREET ADDRESS	1500 34TH ST N, #1
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	D
NAME	COLLINS, EVA
STREET ADDRESS	1500 34TH ST N, #1
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000513882
04/29/06-80148-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

POPPE APOSTOLOU

4-14-06

Date

7273230

Daytime Phone #