

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H84821**

1. Entity Name  
**STYLES OF THE TIMES, INC.**



Principal Place of Business  
**11790 E. COLONIAL DR.  
ORLANDO, FL 32817 US**

Mailing Address  
**11790 E. COLONIAL DR.  
ORLANDO, FL 32817 US**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2633234**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NIEC, MARCIA L.  
325 WOODLAWN CEMETERY RD.  
GOTHA, FL 34734**

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIEC, MARCIA L. 325 WOODLAWN CEMETERY RD. GOTHA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NIEC, JOYCE 403 BENTON ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NIEC, STANLEY J. 403 BENTON ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRAMER, PAUL 325 WOODLAWN CEMETERY ROAD GOTHA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000078237  
03/08/04-80019-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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** *Marcia L Niec* **MARCIA L. NIEC President** *02/29/04* *407 292 0940*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #