

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90484 016 ***150.00

DOCUMENT # J00733

1. Entity Name
TODAY'S STYLES, INC.



Principal Place of Business
609 N HWY 17-92 STE 104A
DEBARY, FL 32713

Mailing Address
609 N HWY 17-92 STE 104A
DEBARY, FL 32713

J0017303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2661330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADE, SUSAN A
609 N HWY 17-92 STE 104A
DEBARY, FL 32713

Name
Susan A. Livingston
Street Address (P.O. Box Number is Not Acceptable)
609 N. Hwy 17-92
Suite 104A
City
Debary FL Zip Code
32713

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

Susan A. Livingston (Waide)

4/25/06
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WADE, SUSAN A
1215 WHEELING AVE
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Susan A. Livingston
463 Pleasant Oaks Trail
Oskee, FL 32764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SP
HASTINGS, LINDA S
6100 PLANTATION LAKES CR #6102
SANFORD, FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Linda S Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda S HASTINGS

4-15-06
Date

386 7747100
Daytime Phone #