

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 045 ***150.00



DOCUMENT # J29323
 1. Entity Name
STYLE, INC.

Principal Place of Business
 6200 TRAIL BLVD NORTH
 NAPLES FL 34108

Mailing Address
 6200 TRAIL BLVD NORTH
 NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #
4700 TAMiami TR. N.

3. Mailing Address
4700 TAMiami TR. N.

Suite, Apt. #, etc.
SUITE 8

Suite, Apt. #, etc.
SUITE 8

1st MOORE CR2E034 (10/06)

City & State
NAPLES, FL.

City & State
NAPLES FL.

4. FEI Number **59-2729592**

Applied For
 Not Applicable

Zip **34103** Country **USA**

Zip **34103** Country **USA**

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

6. Name and Address of Current Registered Agent

SOFFER, JEFFREY E.
6200 TRAIL BLVD NORTH
NAPLES FL 33963

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOT: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
PT	SOFFER, JEFFREY E.	6200 TRAIL BLVD. N.	NAPLES FL	<input type="checkbox"/>
VPS	SOFFER, MARILYN	6200 TRAIL BLVD. N.	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeffrey E. Soffer, MARILYN R. SOFFER* 4/16/07 239. 659.5351

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