


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000110307

1. Entity Name
 STYLE COUNSEL HAIR STUDIO, INC.



Principal Place of Business
 2281 MAIN STREET
 FORT MYERS, FL 33901

Mailing Address
 2281 MAIN STREET
 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1071795

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRENNAN, LISA
 2281 MAIN STREET
 FORT MYERS, FL 33901

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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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRENNAN, LISA
STREET ADDRESS	2281 MAIN STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	NEUKIRCH, BRENDA
STREET ADDRESS	1626 AVALON PLACE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	NOLLAR, PAMELA
STREET ADDRESS	2658 MICHIGAN AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 11/20/03-11/05-80002-008 150.00

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: LISA BRENNAN SECRETARY/TREAS. 4/5/05 239 332 2345

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