## ,2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000094078**

1. Entity Name STYLES BY STILES, INC.

**FILED** Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business

315 PLANT AVE. TAMPA, FL 33601 Mailing Address

315 PLANT AVE. TAMPA, FL 33601



	DO	NOT	WRITE	IN THIS	SPACE
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03302004	No Chg-P	CR2E034 (10/03)
FEL Nivrobox	,	Applied For

4 EEI Number

7,	I EL LAGITICO			1 1 2 1 2 2	
	59-3748253			Not Applic	able
5.	Certificate of Status Desired	□ \$8.7	<b>'</b> 5 ,	Additional	

Fee Required

6. Name and Address of Current Registered Agent

STILES, MARY ANN 315 PLANT AVE TAMPA, FL 33606

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or to	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, lyped or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STILES, MARY ANN 315 PLANT AVE. TAMPA, FL 33601			-	U00000118357
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/19/04-80056-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·		
12. I hereby of indicated of the corchanged,	pertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment withyan address, with all	ing does not qualify for the exen and accurate and that my signate to execute this report as require other like empowered.	iption stated are shall haved by Chapt	d in Section 119.07(3) e the same legal effec er 607, Florida Statute	(I). Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directories, and that my name appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR