## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2005 8:00 am Secretary of State DOCUMENT # P02000014714 04-05-2005 90051 026 \*\*\*150.00 1. Entity Name SOLÚTIONS WITH STYLE, INC. Principal Place of Business Mailing Address 1324 SE 15TH PLACE 1324 SE 15TH PLACE CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 No Chg-P 03092005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3028703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RENDERMAN, LANAH D DO NOT WRITE **1324 SE 15TH PLACE** CAPE CORAL, FL 33990-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, typed or printed name of addistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE RENDERMAN, LANAH D NAME STREET ADDRESS 1324 SE 15TH PLACE? CITY-ST-ZIP CAPE CORAL, FL 33990 TITI F <del>ŗŎŠŦ</del>ĔĸĠĔĠĸĠĸĸĸĸ NAME POXIMEN WINEST STREET ADDRESS CITY-ST-ZIP XORREXCORALXELX3890X TITI F NAME Sabrina Bankard STREET ADDRESS DO NOT WRITE 110 N. Cultural Pk., Blvd. Cape Coral, Fl. 33909 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP Sec/Treas Thea Long NAME 73 Canal St. STREET ADDRESS Ft. Myers, Fl., 33931 CITY-ST-ZiP NAME STREET ADDRESS CITY-ST-ZIP .

**FILED** 

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 attagrament with an address, with all other like empowered.

signature and typed or printed name of signing officer or director	Oute	Daytime Phone #
SIGNATURE Lenah Kenderman Lanah Renderman	3/21/05	239-633-8957