


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90216 002 \*\*\*163.75

<b>DOCUMENT # P02000019113</b>	
1. Entity Name <b>SUE FOR STYLE, INC.</b>	

Principal Place of Business <b>THE LOOK SALON AND SPA</b> 112 1954 W. STATE ROAD 426 SUITE 1136 <b>OVIEDO FL 32765</b> <b>OLD</b>	Mailing Address 148 VINE ST. OVIEDO FL 32765 <b>OLD</b>
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2. Principal Place of Business - No P.O. Box # <b>SATYAIN SALON + SPA</b> Suite, Apt. #, etc. <b>1480 SWANSON</b> City & State <b>OVIEDO, FLA</b> Zip <b>32765</b> Country <b>Seminole</b>	3. Mailing Address <b>1628 Oviedo Grove Circle</b> Suite, Apt. #, etc. <b>Apt 12</b> City & State <b>Oviedo, FLA</b> Zip <b>32765</b> Country <b>Seminole</b>
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1st MOORE CR2E034 (10/06)

4. FEI Number <b>04-3610095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MASSEY, SUE A</b> 148 VINE ST. OVIEDO FL 32765	
7. Name and Address of New Registered Agent Name <b>Massey, Sue A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1628 Oviedo Grove Circle</b> <b>Apt 12</b> City <b>Oviedo</b> FL Zip Code <b>32765</b>	

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 **Sue Ann Massey** (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MASSEY, SUE A 148 VINE ST. OVIEDO FL 32765 <b>OLD</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MASSEY, SUE A. 1628 OVIEDO GROVE CIRCLE Apt 12 OVIEDO, FLA 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sue Ann Massey**

home 407-977-4583  
407-443-0901