2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90394 003 ***158.75

DOCUMENT # P03000057466

1. Entity Name

SHERON'S STYLING STUDIO, INC.

Principal Place of Business	Mailing Address
12300 SEMINOLE BLVD #1 LARGO FL 33778	12300 SEMINOLE BLVD #1 LARGO FL 33778

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
12300 Seminole Blvd.	12300 Seminole Blvd.
Suite, Apt. #, etc.: Suite #1	Suite, Apt. #, etc.: Suite #1
City & State: LARGO, FL	City & State: LARGO, FL
Zip: 33778 Country: USA	Zip: 33778 Country: USA

4. FEI Number: 33-1063897 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, JORGE F
9714 -121ST ST, N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name: SHERON L. WOODS
Street Address (P.O. Box Number is Not Acceptable): 9190 108TH Ave N.
City: Seminole, FL **FL** Zip Code: 33777

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: Sheron L. Woods President 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, SHERON L 9190 - 108TH AVE, N SEMINOLE FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☐ Change ☑ Addition
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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: Sheron L. Woods SHERON L. WOODS 3/30/04 (727) 585-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #