


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90313 003 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057466					
1. Entity Name SHERON'S STYLING STUDIO, INC.					
Principal Place of Business 12300 SEMINOLE BLVD., STE 1 LARGO, FL 33778			Mailing Address 12300 SEMINOLE BLVD., STE 1 LARGO, FL 33778		
2. Principal Place of Business		3. Mailing Address 9190 108th AVE. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LARGO FL		4. FEI Number 33-1063897	
Zip	Country	Zip 33777	Country FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, SHERON L 9190 108TH AVE. N SEMINOLE, FL 33777			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD WOODS, SHERON L 9190 - 108TH AVE, N, SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Sheron L. Woods</i>			Date <i>3/30/05</i> 727 585-3933		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50042947



03212005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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SIGNATURE *Sheron L. Woods* Date *3/30/05* 727 585-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #