


**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	
Zip	Country	Zip 33777	Country FLORIDA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODS, SHERON L 9190 108TH AVE. N SEMINOLE, FL 33777		Name Street Address (P.O. Box Number is Not Acceptable) 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
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 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 3/30/05 727 585-3933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 33-1063897 Applied For Not Applicable

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