

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 036 ***150.00

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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1063897	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P03000057466
 1. Entity Name
 SHERON'S STYLING STUDIO, INC.



Principal Place of Business 12300 SEMINOLE BLVD., STE 1 LARGO, FL 33778	Mailing Address 9190 108TH AVENUE NORTH SEMINOLE, FL 33777 412 36th St. S.E. LARGO, FL 33771
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WOODS, SHERON L
~~9190 108TH AVE. N
SEMINOLE, FL 33777~~ 412 36th St. S.E.
 LARGO, FL 33771

DO NOT WRITE 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 *Sheron L. Woods* *Sheron L. Woods* President 3/26/07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOODS, SHERON L 9190 108TH AVE. N SEMINOLE, FL 33777 412 36th St. S.E. LARGO, FL 33771
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Sheron L. Woods* *Sheron L. Woods* 3/26/07 (727) 585-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #