


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/6/2

FILED
Jul 25, 2005 8:00 am
Secretary of State

05-06-2005 90097 016 ***150.00

DOCUMENT # P04000012149					
1. Entity Name ACCENT PET STYLING, INC.					
Principal Place of Business 17940 TOLEDO BLADE, SUITE D PORT CHARLOTTE, FL 33948			Mailing Address 17940 TOLEDO BLADE, SUITE D PORT CHARLOTTE, FL 33948		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 88-0517475	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPOS, ISABEL 18480 YARBROUGH AVE. PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	TITLE	NAME
PD	CAMPOS, ISABEL	18480 YARBROUGH AVE.	PORT CHARLOTTE, FL 33948		
SD	CAMPOS, RENEE	18480 YARBROUGH AVE.	PORT CHARLOTTE, FL 33948		
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: <u>Renee Campos</u>			Date: <u>4/30/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>941-624-0775</u>		