## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000040221

Entity Name: STYLES CONSTRUCTION, INC.

**FILED** Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P. O. BOX 50067 1537-A PENMAN ROAD JACKSONVILLE, FL 32240

JACKSONVILLE BEACH, FL 32250

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 50067 P. O. BOX 50067

JACKSONVILLE, FL 32240 JACKSONVILLE BEACH, FL 322400067 US

FEI Number: 20-0808142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IT'S YOUR MONEY, LLC SMITH, JANICE M ST 2072 MAYPORT RÓAD 1892 BUCCANEER DRIVE ATLANTIC BEACH, FL 32233 US US JACKSONVILLE, FL 32225

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. SIGNATURE: JANICE M SMITH 04/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SMITH, DARRELL SMITH, DARRELL G PD Name: Name: P. O. BOX 50067 P. O. BOX 50067 Address: Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip: JACKSONVILLE BEACH, FL 322400067

Title: VΡ Title: () Delete ST (X) Change ( ) Addition

SMITH, JANICE M ST Name: MCCOY, JERRY W Name: 775 BONITA RD P.O.BOX 50067 Address: Address:

ATLANTIC BEACH, FL 32233 JACKSONVILLE BEACH, FL 322400067 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

SMITH, JANICE M Name: Name: P.O. BOX 50067 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE M SMITH ST 04/23/2009