

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90022 048 \*\*\*150.00

DOCUMENT # P05000065885

1. Entity Name

STYLIN' SALON, INC.



Principal Place of Business  
4343 MANFIELD DR.  
VENICE FL 34293

Mailing Address  
4343 MANFIELD DR.  
VENICE FL 34293



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-2805734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENAISSANCE TAX & BUSINESS SERVICES, INC.  
2357-3 S. TAMiami TRAIL  
201  
VENICE FL 34293

Name

Lois Troiano

Street Address (P.O. Box Number is Not Acceptable)

4343 MANFIELD DR.

City

VENICE

FL

Zip Code

34293

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 *Lois Troiano* *LOIS TROIANO*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-3-07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME P, S  
STREET ADDRESS TROIANO, LOIS  
CITY ST ZIP 4343 MANFIELD DRIVE  
VENICE FL 34293 ☐ Delete

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Lois Troiano* *LOIS TROIANO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 941 4931941  
Date Daytime Phone #