

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 036 ***150.00

DOCUMENT # P05000092076

1. Entity Name

SISTERS SIX, INC.



Principal Place of Business

1137 N DIXIE HWY
NEW SMYRNA BEACH FL 32168

Mailing Address

1137 N DIXIE HWY
NEW SMYRNA BEACH FL 32168



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

1137 N. Dixie Frwy

Suite, Apt. #, etc.

3. Mailing Address

1137 N. Dixie Frwy

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

New Smyrna Bch, FL

4. FEI Number

59-3519286

Applied For

Not Applicable

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, TRICIA
1137 N DIXIE HWY
NEW SMYRNA BEACH FL 32168

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

Tricia Miller

Tricia Miller

4-20-08

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MILLER, TRICIA
STREET ADDRESS 1137 N DIXIE HWY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 another like empowered.

SIGNATURE:

Tricia Miller Tricia Miller 4/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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