## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P05000144859 SILVER STYLES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 1239 CROWN DRIVE 1239 JACKSONVILLE, FL 32221 JACK:



**FILED** Apr 23, 2007 08:00 AM Secretary of State

B CROWN DRIVE Sonville, Fl. 32221	
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DO NOT WRITE IN THIS SPACE			04182007 4. FEI Numbe 20-366	04182007 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and A	ddress of Current Regis	tered Agent				
HIGHFILL, LORI G 564 WELLHOUSE DRIVE JACKSONVILLE, FL 322					NOT WR HIS SPA	
The above named entity submittee obligations of registered a SIGNATURE  Signature, typed or printer  Signature, typed or printe				egistered agent, or both	h, in the State of Florida	a. I am familiar with, and accept  DATE
FILE NOW!!! FEE After May 1, 2007 Fee		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees		
10,	OFFICERS AND DIREC	CTORS	I			
TITLE PS NAME SYKES, JANET STREET ADDRESS CITY-ST-ZIP JACKSONVILL	DRIVE				Hannanana.	405
TITLE T  NAME HIGHFILL, LOF STREET ADDRESS 564 WELLHOU CITY-ST-ZIP JACKSONVILL	SE DRIVE				os/02/07-608°	485 71-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR	
TITLE	•		1	IN 7	THIS SPA	CE

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.

NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/18/07 (904)783-9983