

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90013 021 \*\*\*158.75

**DOCUMENT # P06000003555**

1. Entity Name  
ISLAND STYLE HAIR STUDIO INC.



Principal Place of Business  
1101 US 1 SUITE D  
SEBASTIAN, FL 32958

Mailing Address  
1101 US 1 SUITE D  
SEBASTIAN, FL 32958

40030800



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

11-3767708

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

OHRT, CHESTER S  
1951 SANDDOLLAR LANE  
VERO BEACH, FL 32963

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

*Chester Ohrt*

CHESTER OHRT

3-4-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME OHRT, CHESTER S  
STREET ADDRESS 1951 SANDDOLLAR LANE  
CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Delete

TITLE P  
NAME OHRT, PATRICIA M  
STREET ADDRESS 1951 SANDDOLLAR LANE  
CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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.

SIGNATURE:

*Patricia M. Ohrt*

PATRICIA M. OHRT

3-4-07

772-388-9823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #