

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P06000126030

1. Entity Name
STYLE IN MOTION, INC.



Principal Place of Business
2927 LITTLE ROAD
VALRICO, FL 33594

Mailing Address
2927 LITTLE ROAD
VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5747810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, DONELLE A
601 LITHIA PINECREST ROAD
BRANDON, FL 33511

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IN THIS SPACE**

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

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, 2008 Fee will be \$550.00

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

U000000867111
04/08/08-80056-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SCHWABE, BARBARA R
STREET ADDRESS	2927 LITTLE ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	PARKS, MARIAN
STREET ADDRESS	4603 DOGWOOD HILLS COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Barbara R Schwabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Date

813-685-4220

Daytime Phone #