

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000048080

Entity Name: MASTERS OF STYLE INC

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

822 NORTH A1A HWY  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

822 NORTH A1A HWY  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-3058310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, ROBYN  
2003 OAK STREET  
MELBOURNE BEACH, FL 32951 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: FISHER, ROBYN  
Address: 2003 OAK STREET  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S/T  
Name: FISHER, MICAH  
Address: 2003 OAK STREET  
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBYN FISHER

P

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date