

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000102037

1. Entity Name  
STYLE STUDIO, INC.



Principal Place of Business  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

Mailing Address  
P.O. BOX 5651  
LIGHTHOUSE POINT, FL 33074-5651



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0884781

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fees Required

5. Name and Address of Current Registered Agent

SANDLIN, PATRICIA L  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

**DO NOT WRITE  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

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

U000000299442  
04/11/05-80106-010 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SANDLIN, PATRICIA L  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
SANDLIN, ROBERT A  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATD  
BELL, MICHELE E  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 L. Sandlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PATRICIA L. SANDLIN

Date

Daytime Phone #

4-7-05 954-288-3998