

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
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



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0884781

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. 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, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SANDLIN, PATRICIA L
STREET ADDRESS	1600 HIGHWAY 70 EAST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VPTD
NAME	SANDLIN, ROBERT A
STREET ADDRESS	1600 HIGHWAY 70 EAST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	ATD
NAME	BELL, MICHELE E
STREET ADDRESS	1600 HIGHWAY 70 EAST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000693417
04/16/07-80040-008 158.75

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICIA L. SANDLIN

4/2/07