

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82009

Entity Name: PERSONALLY YOURS SERVICES, INC.**Current Principal Place of Business:**1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323**Current Mailing Address:**PO BOX 267085
WESTON, FL 33326-7085**FEI Number:** 59-2597845**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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:** MICHAEL R. REISER

01/09/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	REISER, JACQUELINE BPD
Address	1560 SAWGRASS CORP. PKWY. - 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	REISER, MICHAEL R
Address	1560 SAWGRASS CORP. PKWY. - 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

Title	VSD
Name	REISER, ELIZABETH M
Address	1560 SAWGRASS CORP. PKWY. - 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

Title	DV
Name	REISER, DONALD
Address	1560 SAWGRASS CORP. PKWY. - 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323

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: MICHAEL R. REISER

VP

01/09/2013

Electronic Signature of Signing Officer/Director Detail

Date