## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82009

Entity Name: PERSONALLY YOURS SERVICES, INC.

## **Current Principal Place of Business:**

540 COCONUT CIRCLE WESTON, FL 33326

## **Current Mailing Address:**

PO BOX 267085 WESTON, FL 33326-7085

# FEI Number: 59-2597845

### 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 |  |                 |                   | 01/15/2014 |
|------------------------------|--|-----------------|-------------------|------------|
|                              | Electronic Signature of Registered Agent |                 |                   | Date       |
| Officer/Director Detail :    |  |                 |                   |            |
| Title                        | PD                                       | Title           | VP                |            |
| Name                         | REISER, JACQUELINE BPD                   | Name            | REISER, MICHAEL R |            |
| Address                      | P.O. BOX 267085                          | Address         | P.O. BOX 267085   |            |
| City-State-Zip:              | WESTON FL 33326                          | City-State-Zip: | WESTON FL 33326   |            |
| Title                        | VSD                                      | Title           | DV                |            |
| Name                         | REISER, ELIZABETH M                      | Name            | REISER, DONALD    |            |
| Address                      | P.O. BOX 267085                          | Address         | P.O. BOX 267085   |            |
| City-State-Zip:              | WESTON FL 33326                          | City-State-Zip: | WESTON FL 33326   |            |

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.

VP

## SIGNATURE: MICHAEL R REISER

Electronic Signature of Signing Officer/Director Detail

FILED Jan 15, 2014 Secretary of State CC2234150550

Certificate of Status Desired: No

01/15/2014

Date