

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556970

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** SHORES, TAGMAN, BUTLER & COMPANY P.A.

**Current Principal Place of Business:**

17 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

17 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-1788225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHORES, WILLIAM L  
3334 HORSESHOE BEND CT  
LONGWOOD, FL 32779 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: SHORES, WILLIAM L  
Address: 3334 HORSESHOE BEND CT  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: TAGMAN, SUZANNE M  
Address: 3326 WALD ROAD  
City-St-Zip: ORLANDO, FL 32806

Title: CPA ( ) Delete  
Name: BUTLER, SCOTT J  
Address: 4347 PACKARD AVE  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** WILLIAM L. SHORES

PDT

03/17/2009

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

\_\_\_\_\_  
Date