

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J61907 1. Entity Name SHELLEY B. MAURICE, P.A.	
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Principal Place of Business
**11076 S MILITARY TRAIL
BOYNTON BEACH, FL 33436**Mailing Address
**11076 S MILITARY TRAIL
BOYNTON BEACH, FL 33436**U00000557364
05/17/06-80048-001 150.00

04242008 No Chg-P CR2E034 (11/05)

4. FID Number
59-2803594Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**FAIN, DANIEL
11076 S. MILITARY TRAIL
BOYNTON BEACH, FL 33436****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 requesting)

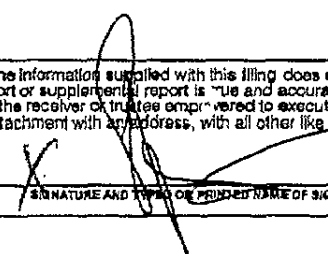
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	MAURICE, SHELLEY B.
STREET ADDRESS	11076 S MILITARY TRAIL
CITY-STATE-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	MAURICE, SHELLEY B.
STREET ADDRESS	11076 S MILITARY TRAIL
CITY-STATE-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 561-738-5200