

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L71130

Entity Name: SHIRLEY J. CROWNSBERRY, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

% SHIRLEY J. CROWNSBERRY  
1529 OAKVIEW CIRCLE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

% SHIRLEY J. CROWNSBERRY  
1529 OAKVIEW CIRCLE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-3016724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROWNSBERRY, SHIRLEY J.  
1529 OAKVIEW CIRCLE  
WINTER HAVEN, FL 33880 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CROWNSBERRY, SHIRLEY J  
Address: 1529 OAKVIEW CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S  
Name: JEDZINIAK, DAVID J  
Address: P.O. BOX 20002  
City-St-Zip: TALLAHASSEE, FL 32316

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: SHIRLEY J CROWNSBERRY

PT

01/13/2011

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

\_\_\_\_\_  
Date