

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 04, 2004 08:00 AM  
Secretary of State

DOCUMENT # L79871

1. Entity Name

SHIRLEY M, INC.



Principal Place of Business

4700 66TH ST. NO.  
#106  
ST. PETERSBURG FL 33709

Mailing Address

4700 66TH ST. NO.  
#106  
ST. PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3012280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASPARD, SHIRLEY M  
2570 46TH TERRACE NORTH  
ST. PETERSBURG FL 33714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Shirley M. Gaspard* *SHIRLEY M. GASPARD*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GASPARD, SHIRLEY M  
STREET ADDRESS 2570 46TH TERRACE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

U00000075962  
03/04/04-80008-020 150.00

TITLE VP  
NAME DIESING, DEBORAH M  
STREET ADDRESS 6640 HIBISCUS AVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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

*Shirley M. Gaspard* *SHIRLEY M. GASPARD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

727-521-3004

Daytime Phone #