

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90092 027 ***150.00



DOCUMENT # L79871

1. Entity Name

SHIRLEY M, INC.

Principal Place of Business

1950-1ST AVE NORTH
 #225
 SAINT PETERSBURG FL 33713

Mailing Address

1950-1ST AVE NORTH
 #225
 SAINT PETERSBURG FL 33713

2. Principal Place of Business

2570-46 TERRACE NO.
 Suite, Apt. #, etc.

3. Mailing Address

2570-46 TERRACE NO.
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/05)

City & State

ST. PETERSBURG

City & State

ST. PETERSBURG

4. FEI Number

59-3012280

Applied For

Not Applicable

Zip

33714

Country

FLORIDA

Zip

33714

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE **---** Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **---** Change Addition
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 CITY-ST-ZIP **---**

TITLE **---** Change Addition
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 STREET ADDRESS **---**
 CITY-ST-ZIP **---**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shirley M. Gaspard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 727-521-3004

Day

Daytime Phone #