2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P02000084416

Entity Name: SHIRREFFS & ASSOCIATES, INC.

Current Principal Place of Business:

200 POTTER ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

200 POTTER ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 02-0636240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRREFFS, JOHN J
200 POTTER ROAD
WEST PALM BEACH, FL 33405 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:	DIR	( ) Delete
Name:	SHIRREFFS, ALLISON A	
Address:	1661 LAFRANCE STREET #321	
City-St-Zip:	ATLANTA, GA 30307 US	
Title:	DIR	( ) Delete
Name:	SHIRREFFS, CHRISTINE M	
Address:	2318 ENGLISH IVY COURT	
City-St-Zip:	ATLANTA, GA 30080 US	
Title:	DIR	( ) Delete
Name:	MCCREARY, EDWARD D	
Address:	2444 W 18TH STREET	
City-St-Zip:	WILMINGTON, DE 19806 US	
Title:	PRES	( ) Delete
Name:	SHIRREFFS, JOHN J	
Address:	200 POTTER ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	
Title:	DIR	( ) Delete
Name:	SHIRREFFS, WAVERLY M	
Address:	200 POTTER ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	
Title:	DIR	( ) Delete
Name:	SHIRREFFS, III, JOHN J	
Address:	185 WALTON CREEK ROAD	
City-St-Zip:	ATHENS, GA 30609 US	

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:	
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: JOHN J. SHIRREFFS PRES 01/25/2009

Electronic Signature of Signing Officer or Director — Date