

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048669

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SHIRLEY'S PERSONAL CARE SERVICES OF OKEECHOBEE, INC.

**Current Principal Place of Business:**

316 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

200 SOUTHEAST THIRD STREET  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

316 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

200 SOUTHEAST THIRD STREET  
OKEECHOBEE, FL 34974

**FEI Number:** 20-3039985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, SHIRLEY  
4828 SE ISABELITA  
STUART, FLORIDA, FL 34997 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: D  
Name: BAKER, SHIRLEY  
Address: 1550 SOUTH OCEAN DRIVE #20  
City-St-Zip: FORT PIERCE,, FL 34949

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 BAKER

OWNE

04/27/2011

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

\_\_\_\_\_  
Date