## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000048716

Entity Name: SHIRLEY'S PERSONAL CARE SERVICES OF LEHIGH ACRES, INC.

**FILED** Feb 23, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4828 SE ISABELITA AVE 45 NORTH ALABAMA ROAD STUART, FL 34997 SUITE#3 LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** 4828 SE ISABELITA AVE 45 NORTH ALABAMA ROAD STUART, FL 34997 SUITE#3 LEHIGH ACRES, FL 33936 FEI Number: 20-3034397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKER, SHIRLEY 4828 SE ISABELITA AVE STUART, FL 34997 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: () Change () Addition BAKER, SHIRLEY Name:

Title: Name: 4828 SE ISABELITA AVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY BAKER 02/23/2006 D