

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068518

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: INTEGRITY PROFESSIONAL SERVICES INC

## Current Principal Place of Business:

1024 SE 4TH AVE.  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

1024 SE 4TH AVE.  
CAPE CORAL, FL 33990

## New Mailing Address:

P.O. BOX 101132  
CAPE CORAL, FL 33910

FEI Number: 26-2955892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY W.  
CAPE CORAL, FL 33914 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: PD ( ) Delete  
Name: SIMON, L COLLEEN  
Address: PO BOX 101132  
City-St-Zip: CAPE CORAL, FL 33910

Title: VPST ( ) Delete  
Name: SIMON, WILLIAM A  
Address: PO BOX 101132  
City-St-Zip: CAPE CORAL, FL 33910

Title: D ( ) Delete  
Name: SIMON, WILLIAM A  
Address: PO BOX 101132  
City-St-Zip: CAPE CORAL, FL 33910

## 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:

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: L. COLLEEN SIMON

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date