

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068518

**FILED**  
**Apr 28, 2010**  
**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:**

P.O. BOX 101132  
CAPE CORAL, FL 33910

**New Mailing Address:**

**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  
**Name:** SIMON, L COLLEEN  
**Address:** PO BOX 101132  
**City-St-Zip:** CAPE CORAL, FL 33910

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

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

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:** L. COLLEEN SIMON

PD

04/28/2010

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

\_\_\_\_\_  
Date