

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085426

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** SHIRLEY'S PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

3919 KINGSBRIDGE DR  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593626  
ORLANDO, FL 32859

**New Mailing Address:**

**FEI Number:** 26-3371753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SHIRLEY J  
3919 KINGSBRIDGE DRIVE  
ORLANDO, FL 32839 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, SHIRLEY J  
Address: 3919 KINGSBRIDGE DRIVE  
City-St-Zip: ORLANDO, FL 32839 US

Title: OFFI  
Name: CHARLES DONWRICK FRAZIER  
Address: 1516 GUINYARD ST  
City-St-Zip: ORLANDO, FL 32805

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 WILLIAMS

PRES

05/03/2010

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

\_\_\_\_\_ Date