

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023537

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: SHELLY ESPER DONALD, P.A.

**Current Principal Place of Business:**

1515 MALLARD LAKE AVE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

1515 MALLARD LAKE AVE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1515 MALLARD LAKE AVE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

1515 MALLARD LAKE AVE  
ST. JOHNS, FL 32259

FEI Number: 59-3172725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DONALD, SHELLY E  
1515 MALLARD LAKE AVE  
JACKSONVILLE, FL 32259 US

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

DONALD, SHELLY E  
1515 MALLARD LAKE AVE  
ST. JOHNS, FL 32259 US

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

02/19/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DONALD, SHELLY E  
Address: 1515 MALLARD LAKE AVE  
City-St-Zip: ST. JOHNS, FL 32259

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: SHELLY E. DONALD

Electronic Signature of Signing Officer or Director

PRES

02/19/2010

Date