


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000002269**

1. Entity Name  
**YOUR PERSONAL SECRETARY, INC.**



Principal Place of Business  
**1914 FLOWER LANE  
 PORT ST. LUCIE FL 34953**

Mailing Address  
**PO BOX 7127  
 PORT ST. LUCIE FL 34985**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0459645** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRUNELLE, GLENNA M  
 1914 FLOWER LANE  
 PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY - ST - ZIP         | <input type="checkbox"/> Delete |
|-------|--------------------|-----------------|-------------------------|---------------------------------|
| PVST  | BRUNELLE, GLENNA M | 1914 FLOWER LN. | PORT ST. LUCIE FL 34953 | <input type="checkbox"/>        |
|       |                    |                 |                         | <input type="checkbox"/>        |
|       |                    |                 |                         | <input type="checkbox"/>        |
|       |                    |                 |                         | <input type="checkbox"/>        |
|       |                    |                 |                         | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

UD0000070903  
 03/01/04-80051-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenna Brunelle **Glenna Brunelle** 02-25-04 528-0276  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #