

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 041 ***150.00

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1. Entity Name

SHIRLEY & ASSOCIATES, CHARTERED



Principal Place of Business

4555 EMERSON EXPRESSWAY
SUITE 100
JACKSONVILLE FL 32207
US

Mailing Address

4555 EMERSON EXPRESSWAY
SUITE 100
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3728 Philips Hwy

Suite, Apt. #, etc.

Suite 214A

City & State

Jacksonville, FL

Zip

32207

Country

Duval

3. Mailing Address

3728 Philips Hwy

Suite, Apt. #, etc.

Suite 214A

City & State

Jacksonville, FL

Zip

FL 32207

Country

Duval



MOORE

CR2E034 (11/03)

4. FEI Number

59-3241807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, PAUL D
4555 EMERSON EXPRESSWAY
SUITE 100
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **MD** ☐ Delete
NAME SHIRLEY, PAUL D
STREET ADDRESS 4555 EMERSON EXPRESSWAY, SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MD** ☐ Change ☐ Addition
NAME **Paul D. Shirley**
STREET ADDRESS **3728 Philips Hwy # 214 A**
CITY-ST-ZIP **Jacksonville, FL 32207** *Correction*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #