


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 007 ***150.00

DOCUMENT # P94000035861 1. Entity Name SHIRLEY & ASSOCIATES, CHARTERED																					
Principal Place of Business 3728 PHILIPS HWY SUITE 214A JACKSONVILLE, FL 32207 US			Mailing Address 3728 PHILIPS HWY SUITE 214A JACKSONVILLE, FL 32207 US																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number 59-3241807																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Paul D. Shirley Street Address (P.O. Box Number is Not Acceptable) 3728 Philips Hwy Suite 214A City Jacksonville FL Zip Code 32207																		
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: <u><i>Paul D Shirley</i></u> DATE: <u>1-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D SHIRLEY, PAUL D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHIRLEY, PAUL D</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3728 PHILIPS HWY # 214A</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32207</td> </tr> </table>			TITLE	D SHIRLEY, PAUL D <input type="checkbox"/> Delete	NAME	SHIRLEY, PAUL D	STREET ADDRESS	3728 PHILIPS HWY # 214A	CITY-ST-ZIP	JACKSONVILLE, FL 32207	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u><i>Paul D Shirley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-14-05</u> <small>Daytime Phone #</small>																	