

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 028 ***158.75

DOCUMENT # P95000010327

1. Entity Name

PERSONAL ENVIRONMENTS BY SHIRLEY, INC.



Principal Place of Business

6223 VISTA VERDE DRIVE WEST
GULFPORT FL 33707

Mailing Address

6223 VISTA VERDE DRIVE WEST
GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSOFT, SHIRLEY
8069 13TH AVE S
ST PETERSBURG FL 33707

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 SHIRLEY INSOFT *Shirley Insoft*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME INSOFT, SHIRLEY - *Same*
STREET ADDRESS *8069 13TH AVE S MOVED*
CITY-ST-ZIP *ST PETERSBURG FL 33707*

☐ Delete

TITLE P
NAME INSOFT, SHIRLEY
STREET ADDRESS *6223 VISTA VERDE Drive West*
CITY-ST-ZIP *GULFPORT FL 33707*

☒ Change ☐ Addition

TITLE VPTD
NAME INSOFT, JOSEPH - *Same*
STREET ADDRESS *8069 13TH AVE SOUTH MOVED*
CITY-ST-ZIP *SAINT PETERSBURG FL 33707*

☐ Delete

TITLE VPTD
NAME INSOFT, Joseph
STREET ADDRESS *6223 Vista Verde Drive West*
CITY-ST-ZIP *GULFPORT FL 33707*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: SHIRLEY INSOFT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04

727-347-8069
727-543-1976