


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000073490 1. Entity Name ROSELYN C. SHELLEY, P.A.	
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Principal Place of Business 14350 SE 170TH ST. WEIRSDALE, FL 32195	Mailing Address P.O. BOX 599 WEIRSDALE, FL 32195
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DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0940717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRIS, MICHAEL D
1555 PALM BEACH LAKES BLVD, SUITE 310
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000777335 01/10/08-80004-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELLEY, ROSELYN C PO BOX 599 WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELLEY, ROSELYN C PO BOX 599 WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SHELLEY, ROSELYN C PO BOX 599 WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Roselyn C. Shelley, President* **1/6/08 352-208-6377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #