## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12593

City-St-Zip:

TAMPA, FL 33629

Entity Name: SHIRLEY C. ARCURI, P.A.

FILED Jan 06, 2009 Secretary of State

Current I	Principal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
#409	/SHORE BLVD FL 33629				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX TAMPA, I	10918 =L 33679				
FEI Numbe	r: 59-3035311	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3301 BAÝ #409	SHIRLEY C ES SHORE BLVD FL 33629 US				
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATL	JRE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ( ).			
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	ARCURI, SHIF	) Delete LEY C. E, SQ RE BLVD, #409	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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

SIGNATURE: SHIRLEY C. ARCURI PRES 01/06/2009

above, or on an attachment with an address, with all other like empowered.