

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 556970

**Entity Name:** SHORES, TAGMAN, BUTLER & COMPANY P.A.

**Current Principal Place of Business:**

17 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

17 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**FEI Number:** 59-1788225

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHORES, WILLIAM L  
3334 HORSESHOE BEND CT  
LONGWOOD, FL 32779 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |                 |                   |
|-----------------|------------------------|-----------------|-------------------|
| Title           | PST                    | Title           | VP                |
| Name            | SHORES, WILLIAM L      | Name            | TAGMAN, SUZANNE M |
| Address         | 3334 HORSESHOE BEND CT | Address         | 3326 WALD ROAD    |
| City-State-Zip: | LONGWOOD FL 32779      | City-State-Zip: | ORLANDO FL 32806  |
|                 |                        |                 |                   |
| Title           | CPA                    |                 |                   |
| Name            | BUTLER, SCOTT J        |                 |                   |
| Address         | 4347 PACKARD AVE.      |                 |                   |
| City-State-Zip: | ST. CLOUD FL 34772     |                 |                   |

*I hereby 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM L. SHORES

**PRESIDENT**

**01/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date