

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000022385

**Entity Name:** SHIRES REPORTING SERVICES, INC.

**Current Principal Place of Business:**

2206 NE 15 TERRACE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2206 NE 15 TERRACE  
WILTON MANORS, FL 33305 US

**FEI Number:** 20-2443536

**Certificate of Status Desired:** No

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

SHIRES, KARL  
2206 NE 15 TERRACE  
WILTON MANORS, FL 33305 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            D  
Name            SHIRES, KARL  
Address        2224 NE 19TH AVENUE  
City-State-Zip: WILTON MANORS FL 33305

*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:** KARL SHIRES

**PRESIDENT**

**01/23/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date