

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000008685

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**0445655444CC**

**Entity Name:** MICHELLE'S PERSONAL TOUCH PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

4350 SW DARWIN BLVD  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

P.O. BOX 7846  
PORT SAINT LUCIE, FL 34985

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

VAN LUVENDER, SHELLY L  
4350 SW DARWIN BLVD  
PORT SAINT LUCIE, FL 34953 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 P  
Name VAN LUVENDER, SHELLY L  
Address P.O. BOX 7846  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title VP  
Name VAN LUVENDER, SHELLY L  
Address P.O. BOX 7846  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title S  
Name VAN LUVENDER, SHELLY L  
Address P.O. BOX 7846  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title T  
Name VAN LUVENDER, SHELLY L  
Address P.O. BOX 7846  
City-State-Zip: PORT SAINT LUCIE FL 34985

*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: SHELLY L VAN LUVENDER**

**PRESIDENT/OWNER**

**04/16/2024**

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

\_\_\_\_\_  
Date