


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 346029</b>	
1. Entity Name <b>SHEY ASSOCIATES, INC.</b>	

Principal Place of Business <b>6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607 US</b>	Mailing Address <b>6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SHEY, LAURA 6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000050639 02/16/04-80015-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD SHEY, LISA R 6110 NW 1ST PLACE STE-A GAINESVILLE, FL 32607</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD SHEY, KARA E 6110 NW 1ST PL, STE A GAINESVILLE, FL 32607</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SHEY, LAURA 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Laura Shey* **President LAURA SHEY 2-9-04 (352) 331-1668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #