2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-08-2007 90047 016 ***150.00

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1. Entity Name
SHEY ASSOCIATES, INC.

40011861

Principal Place of Business	Mailing Address
6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607 US	6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32607 US

01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1259558

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEY, LAURA
6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607

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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 _____ DATE
Signature of new registered agent (if changing) / Name of new registered agent and/or new registered office address

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SHEY, LISA R
STREET ADDRESS	6110 NW 1ST PLACE STE-A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	STD
NAME	SHEY, KARA E
STREET ADDRESS	6110 NW 1ST PL, STE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	PD
NAME	SHEY, LAURA
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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 I am aware of the penalties for making false filings with the Florida Department of State.

SIGNATURE: Laura Shey, President Laura Shey President 2-8-07 (352)331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Laura, pres