## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 08:00 AM Secretary of State

	ANNUAL	REPORT	- <sub>1</sub>	•	Soon	etary of State
	IMENT # 346029				Seci	etary of State
1. Entity Nar	me SSOCIATES, INC.					
SHET AS	SSOCIATES, INC.					
0-111-01-		LA-IP A-I-I	CONTINUE NO.			
6110 NW 13	ce of Business CT DI ACE	Mailing Address 6110 NW 1ST PLACE				
SUITE A		SUITE A				
GAINESVILLI	E, FL 32607 US	GAINESVILLE, FL 32607 L	IS	1 18873 X 1941 BY BY BY		IDAL DIDA DISH DIDA DARIDSA IKADA
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13.5 KE				01222008 N	o Chg-P Cf	R2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
				59-1259558	}	Not Applicable
				5. Certificate of Star	tus Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent			1777 117	Say Wall Styles
SHEY, LA	URΔ					
6110 NW	1ST PLACE			DO NO	OT WRI	
SUITE A GAINESVILLE, FL 32607				IN TH	IS SPAC	
GAINEGV	1LLL, 1 L 32007					
			7.1		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	The second of the second
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	ed agent, or both, in th	e State of Florida.	I am familiar with, and accept
SIGNATURE.	and the fall of the same of	1 -				
1100000000	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)		DATE
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	· * * * * * * * * * * * * * * * * * * *	6 147.7 B
10.	OFFICERS AND (	DIRECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Section 1	·· "
TITLE	VPD	•		a plantiki ja 1901. Etimora tani iliak		
NAME STREET ADDRESS	SHEY, LISA R 6110 NW 1ST PLACE STE-A					
CITY-ST-ZIP	GAINESVILLE, FL 32607					
TITLE	STD				0000007963	
NAME STREET ADDRESS	SHEY, KARA E 6110 NW 1ST PL, STE A		45.		29/03-8002	29-025, 150, 00
CITY-ST-ZIP	GAINESVILLE, FL 32607		2 1 2 1 4 4 4 1	And the state of t		
TITLE	PD .					
NAME STREET ADDRESS	SHEY, LAURA 6110 NW 1ST PLACE, SUITE A					
CITY-ST-ZIP	GAINESVILLE, FL			DO NO	<b>OT WRI</b>	TERRE
TITLE		· · · · · · · · · · · · · · · · · · ·		IN TH	IS SPAC	SE A SA
NAME			o Distriction like			
STREET ADDRESS CITY-ST-ZIP				- 1557 14. (5.8) - 4. - 1628 153 154 - 5		
TITLE						
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TITLE	-		The state of the s			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an actives, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURE AND THE DOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-09

(352)331-1668

Daytime Phone