

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90020 035 \*\*\*150.00

DOCUMENT # 648915

1. Entity Name

SHY HIGH FARM, INC.



Principal Place of Business

495 SHY HIGH DRIVE  
MERRITT ISLAND FL 32953

Mailing Address

495 SHY HIGH DRIVE  
MERRITT ISLAND FL 32953

2. Principal Place of Business

2150 Winston Dr. Cocoa FL 32926

3. Mailing Address

2150 Winston Dr. Cocoa FL 32926

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

59-1973388

Applied For

Not Applicable

Zip

32926

Country

USA

Zip

32926

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

LEE, JOE H. M.D.  
495 SHY HIGH DRIVE  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEE, JOE H  
STREET ADDRESS 495 SHY HIGH DRIVE 2150 Winston Dr.  
CITY-ST-ZIP MERRITT ISLAND FL Cocoa, FL 32926

TITLE V ☐ Delete  
NAME LEE, JOE H JR  
STREET ADDRESS 799 SHY HIGH DR 2150 Winston Dr  
CITY-ST-ZIP MERRITT ISLAND FL 32953 Cocoa, FL 32926

TITLE S ☐ Delete  
NAME LEE, MARIAN A  
STREET ADDRESS 495 SHY HIGH DRIVE 2150 Winston Dr.  
CITY-ST-ZIP MERRITT ISLAND FL 32953 Cocoa, FL 32926

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE:

Marian A Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06

Date

321-631-3378

Daytime Phone #