


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90293 001 *****8.75
03-03-2006 90293 002 *****61.25


DOCUMENT # N99000004503
1. Entity Name
NOTAR SHYISRAEL SHEYARIM, INC.



Principal Place of Business Mailing Address
709 N.MAIN STREET P.O.BOX 896
HASTING FL 32145 HASTINGS FL 32145

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country


1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
11-2455079 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUCKER, JAMES E
711 NORTH MAIN STREET
PO BOX 188
HASTING FL 32145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TUCKER, JAMES E	
STREET ADDRESS	711 N.MAIN STREET	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYWARD-TUCKER, MILCAH	
STREET ADDRESS	5935 SR 207	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMPHREY, DORIS P	
STREET ADDRESS	1845 OLD MOULTIE RD #25	
CITY-ST-ZIP	ST.AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: James E. Tucker **JAMES E. TUCKER** 02/22/06 904-814-2387