

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000021190 1. Entity Name MP SHAY ENTERPRISES, INC.					
Principal Place of Business 1502 INDUSTRIAL RD. #C-8 EDGEWATER FL 32132			Mailing Address 1502 INDUSTRIAL RD. #C-8 EDGEWATER FL 32132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3625650 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent SHAY, PATRICK D 5933 PHYLLIS LOU CR. PORT ORANGE FL 32127				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 Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAY, PATRICK D 5933 PHYLLIS LOU CIR. PT. ORANGE FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100001446305 03/08/06-80008-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAY, MARY BETH 5933 PHYLLIS LOU CIR. PT. ORANGE FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	

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 the like empowered.

SIGNATURE: _____

2/22/2006 386-761-9573