

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90056 019 \*\*\*150.00

<b>DOCUMENT # P03000146644</b>					
<b>1. Entity Name</b> SHEY ACQUISITIONS, INC.					
<b>Principal Place of Business</b> 2700-A NW 43RD STREET GAINESVILLE, FL 32606			<b>Mailing Address</b> PO BOX 358653 GAINESVILLE, FL 32635		
<b>2. Principal Place of Business</b> 6110 NW 1st Place Suite, Apt. #, etc. Suite A		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>50007432</b> 	
City & State Gainesville, FL		City & State		<b>4. FEI Number</b> 20-0437651	
Zip 32607		Country USA		Applied For Not Applicable	
City & State Gainesville, FL		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PEEK, DAVID H 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207			<b>7. Name and Address of New Registered Agent</b> Name <b>Brian Shey</b> Street Address (P.O. Box Number is Not Acceptable) 6110 NW 1st Place Suite A City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>		
<b>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.</b> SIGNATURE:  DATE: <b>1-24-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEY, BRIAN K 2700-A NW 43RD STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, RAINA 2700-A NW 43RD STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEY, KARA ELLEN 2700-A NW 43RD STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHACKOW, RAY 2700-A NW 43RD STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 358653 Gainesville, FL 32635
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> SIGNATURE:  DATE: <b>1-24-05</b> (352) 355-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					