

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-27-2005 90056 017 ***150.00

DOCUMENT # P03000146650

1. Entity Name
SHEY ENTERPRISES, INC.



Principal Place of Business
2700-19 NW 43RD. ST.
GAINESVILLE, FL 32606

Mailing Address
P.O. BOX 358653
GAINESVILLE, FL 32606

50007434



2. Principal Place of Business

6110 NW 1st Place Suite A

3. Mailing Address

Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
Gainesville, FL

City & State

4. FEI Number
20-0437602

Applied For
Not Applicable

Zip
32607

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207

Name Brian Shey

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

6110 NW 1st Place Suite A

City
Gainesville

FL

Zip Code
32607

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

1-24-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SHEY, BRIAN K
STREET ADDRESS 2700-A NW 43RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 358653
CITY-ST-ZIP Gainesville, FL 32635

TITLE D ☐ Delete
NAME HARRIS, RAINA
STREET ADDRESS 2700-A NW 43RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 358653
CITY-ST-ZIP Gainesville, FL 32635

TITLE D ☐ Delete
NAME SHEY, KARA ELLEN
STREET ADDRESS 2700-A NW 43RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 358653
CITY-ST-ZIP Gainesville, FL 32635

TITLE D ☐ Delete
NAME SCHACKOW, RAY
STREET ADDRESS 2700-A NW 43RD STREET
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 358653
CITY-ST-ZIP Gainesville, FL 32635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05 (352) 339-4200