

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 032 ***150.00

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1. Entity Name
SHEY FINANCIAL SERVICES, INC.



Principal Place of Business
**6110 NW 1ST PLACE STE A
GAINESVILLE, FL 32607**

Mailing Address
**P.O. BOX 358653
GAINESVILLE, FL 32635-8653**

2. Principal Place of Business
2421 NW 41st Street

3. Mailing Address
Suite A-1

Suite, Apt. #, etc.
Suite A-1

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32606

Country
United States

Zip
32606

Country
United States

03092006 Chg-P CR2E034 (11/05)

4. FEI Number
34-1990126

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SHEY, BRIAN K
6110 NW 1ST PLACE SUITE A
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent
Name
Brian K. Shay
Street Address (P.O. Box Number is Not Acceptable)
2421 NW 41st Street
Suite A-1
City
Gainesville FL Zip Code
32606

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 *Brian K. Shay* DATE 3/9/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P SHEY, BRIAN K PO BOX 358653 GAINESVILLE, FL 32635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, RAINA M P.O. BOX 358653 GAINESVILLE, FL 326358653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Brian K. Shay* DATE 3/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #