

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90038 027 \*\*\*150.00

<b>DOCUMENT # P04000143671</b>					
1. Entity Name SHEESLEY ENTERPRISES, INC.					
Principal Place of Business 2953 OLD LIBERTY SCHOOL ROAD BONIFAY, FL 32425			Mailing Address 2953 OLD LIBERTY SCHOOL ROAD BONIFAY, FL 32425		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 56-2485387				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEESLEY, GARY J 2953 OLD LIBERTY SCHOOL ROAD BONIFAY, FL 32425			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 _____ DATE _____ <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 \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEESLEY, GARY J		NAME		
STREET ADDRESS	2953 OLD LIBERTY SCHOOL ROAD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Gary J. Sheesley</i>		4/27/06		850-547-5169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2006

SHEESLEY ENTERPRISES, INC.  
2953 OLD LIBERTY SCHOOL ROAD  
BONIFAY, FL 32425

SUBJECT: SHEESLEY ENTERPRISES, INC.  
Ref. Number: P04000143671

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER  
OPS

Letter Number: 506A00034991

Form you sent is still  
attached and signed.  
Thanks!

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Division of Corporations

Annual Report

Annual Report Help

Document Number  
P04000143671

Business Entity Name  
SHEESLEY ENTERPRISES, INC.



FEI Number	562485387		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes <input type="radio"/>	No <input checked="" type="radio"/> \$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes <input type="radio"/>	No <input checked="" type="radio"/>	

Principal Place of Business

Address 2953 OLD LIBERTY SCHOOL ROAD  
 Suite, Apt. #, etc.  
 City, State BONIFAY , FL  
 Zip Code & Country 32425

Mailing Address

Address 2953 OLD LIBERTY SCHOOL ROAD  
 Suite, Apt. #, etc.  
 City, State BONIFAY , FL  
 Zip Code & Country 32425

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SHEESLEY , GARY , J ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2953 OLD LIBERTY SCHOOL ROAD  
 Suite, Apt. #, etc.  
 City, State BONIFAY , FL  
 Zip Code & Country 32425 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PVST  
Name (Last, First, Middle, Title) SHEESLEY, GARY, J,

- OR -

Entity Name to serve as Officer/Director

Street Address 2953 OLD LIBERTY SCHOOL ROAD  
City, State BONIFAY, FL  
Zip Code & Country 32425

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

<sup>PVS 1</sup>  
Gary J. Sheehy

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset

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