

FILED
May 08, 2006 8:00 am
Secretary of State

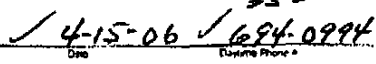
04-17-2006 90392 022 ***150.00

FROM : KEN SHINGARY

FAX NO. : 352 624 1946

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

4/1

DOCUMENT # P05000114456			
1. Entity Name KEN SHINGARY, INC.			
Principal Place of Business 6 ALMOND TRAIL LANE OCALA, FL 33472		Mailing Address 6 ALMOND TRAIL LANE OCALA, FL 33472	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHINGARY, KEN 6 ALMOND TRAIL LANE OCALA, FL 33472		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 _____ (NOTE: Registered Agent signature required when reappointing)			
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	☐ Delete PRES SHINGARY, KEN 6 ALMOND TRAIL LANE OCALA, FL 33472	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  Ken Shingary		Date: 4-15-06  Exempt From *	

66015099



04112006 Chg-P CR2E034 (1/05)

4. FEI Number
20-3331124 Applied For
Not Applicable

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