

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90033 032 \*\*\*150.00

DOCUMENT # P06000047061

1. Entity Name  
JAISON SHEA, INC.



40130369



Principal Place of Business  
593 WEKIVA BLUFF ST.  
APOPKA, FL 32712 US

Mailing Address  
593 WEKIVA BLUFF ST.  
APOPKA, FL 32712 US

2. Principal Place of Business - No P.O. Box #  
2314 Bent tree Rd  
Suite, Apt. #, etc.  
2015

3. Mailing Address  
2314 Bent tree Rd  
Suite, Apt. #, etc.  
2015

City & State  
Palm Harbor, FL

City & State  
Palm Harbor, FL

Zip  
34683

Country  
Pinnelas

Zip  
34683

Country  
Pinnelas

08172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-551085 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SHEA, JAISON K  
593 WEKIVA BLUFF ST.  
APOPKA, FL 32712

7. Name and Address of New Registered Agent  
Name JAISON K. Shea  
Street Address (P.O. Box Number is Not Acceptable)  
2314 Bent tree Rd #2015  
City Palm Harbor FL Zip Code 34683

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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                      | P                    | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | SHEA, JAISON K       |                                 |  | NAME  |   |  |  |
| STREET ADDRESS             | 593 WEKIVA BLUFF ST. |                                 |  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP                | APOPKA, FL 32712     |                                 |  | 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 |  |  |
| 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   |   |  |  |

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

8-23-07 407-448-6208

40130369  
~~#P06000047061~~

To whom it may concern.....

I just wanted to inform you that I spoke to someone on the phone, and they told me to write a letter stating you that this is the only statement we have received. Inside is 150.00 dollars. Please let me know if there are any questions regarding this matter. 407-4486208  
Thank you very much.

Ana Shea