


**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.



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

40130369



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

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 **8-23-07** Daytime Phone # **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