

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000002489	
1. Entity Name SHAYCO CORPORATION	

Principal Place of Business 100 WALLACE AVENUE, STE 100 SARASOTA, FL 34237	Mailing Address P.O. BOX 18419 SARASOTA, FL 34276
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04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLS Number 65-0390681	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BONE, DAVID D 100 WALLACE AVENUE, STE 100 SARASOTA, FL 34237
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IN THIS SPACE**

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 re-registered). DATE _____

**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	
NAME P SHAYGAN, REZA	85 SKYMARK DRIVE, #2203 TORONTO ONTARIO CANADA, M2H5P2
NAME V SHAYGAN, MOHAMMAD	85 SKYMARK DRIVE, #2203 TORONTO ONTARIO CANADA, M2H5P2
NAME	
NAME	
NAME	
NAME	

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04/23/06-80081-003 150.00

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IN THIS SPACE**

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: M. SL 4/12/06 941 900 4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR