

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P 98000025882

1. Entity Name

La-Shay Inc



FILED

06 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

323 Kilgore St

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

34785

Country

Sumpter

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert L. McCall

Street Address (P.O. Box Number is Not Acceptable)

323 Kilgore St

City

Wildwood

FL

Zip Code

34785

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

Robert L. McCall

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert L. McCall - Directors 323 Kilgore St Leesburg, FL Wildwood, FL 34785	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300075025389 05/22/06--01035--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Clarine T. McCall 323 Kilgore, FL 34785 Wildwood, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gerard Smith 323 Kilgore St Wildwood, FL 34785	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. McCall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06 352.787-0119

Day

Daytime Phone #