

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000025882

1. Entity Name
LA-SHAY INC.



Principal Place of Business
323 KILGORE STREET
LEESBURG, FL 34785

Mailing Address
323 KILGORE STREET
LEESBURG, FL 34785

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 29 PM 4: 30



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3507802

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCCALL, ROBERT L
323 KILGORE STREET
WILDWOOD, FL 34785

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
D
MCCALL, ROBERT L
323 KILGORE STREET
WILDWOOD, FL 34785

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCCALL, CLARINE T
323 KILGORE STREET
WILDWOOD, FL 34785

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, GEROD
323 KILGORE STREET
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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04/30/08--01002--021 **317.50

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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: Robert McCall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #