


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-08-2008 90019 009 ***158.75

DOCUMENT # P07000033354
 1. Entity Name
CHEZ SHEA ENTERPRISES, INC.



Principal Place of Business Mailing Address
 1039 10TH ST. NORTH 1039 10TH ST. NORTH
 ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705

2. Principal Place of Business - No P.O. Box 3. Mailing Address
10331 EVANGELINE OAKS CIRCLE **10331 EVANGELINE OAKS CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SHREVEPORT LA **SHREVEPORT LA**
 Zip Country Zip Country
71106 USA **71106 USA**

4. FEI Number Applied For
20 8647857 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHEA, DIANNE B
1039 10TH ST. NORTH
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent
LARI AVERBECK
 Street Address (P.O. Box Number is Not Acceptable)
1025 10th ST. N
ST. PETERSBURG FL 33705

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 *Maemie B Shea* **DIANNE B. SHEA** **4/21/08**
Signature, typed or printed name of authorized agent and state of office NOTE: Registered Agent signature required when transferring DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, DONALD A	
STREET ADDRESS	1039 10TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, DIANNE B	
STREET ADDRESS	1039 10TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10331 EVANGELINE OAKS CIRCLE	
CITY-ST-ZIP	SHREVEPORT LA 71106	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10331 EVANGELINE OAKS CIRCLE	
CITY-ST-ZIP	SHREVEPORT LA 71106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Maemie B Shea* **DIANNE B. SHEA** **4/21/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing