


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 439411</b> 1. Entity Name SHADOWOOD OFFICES, INC.	
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Principal Place of Business 3225 SOUTHSIDE BLVD. 2 JACKSONVILLE, FL 32216 US	Mailing Address P.O. BOX 17156 JACKSONVILLE, FL 32245-7156 US
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1650848	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC  
 ONE INDEPENDENT DRIVE  
 SUITE 1200  
 JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**


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

U00000673686  
 03/29/07-80039-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNARD, THOMAS O JR 8260 ROCK HILL LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNARD, RUTH S 8260 ROCK HILL LANE JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  **3-16-07 904-642-9003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #