

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001169

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** SHADOWOOD MORTGAGE CORP.

**Current Principal Place of Business:**

4 NANCY CT  
SUITE 5  
WAPPINGERS FALLS, NY 12590

**New Principal Place of Business:**

32 SHADWOOD DR.  
HOPEWELL JCT., NY 12533

**Current Mailing Address:**

4 NANCY CT  
SUITE 5  
WAPPINGERS FALLS, NY 12590

**New Mailing Address:**

32 SHADWOOD DR.  
HOPEWELL JCT., NY 12533

**FEI Number:** 04-3727986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOEN, LINDA  
1375 NE DIXIE HWY, LOT 43  
JENSEN BEACH, FL 34975 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CPST  
Name: SCHOEN, JESSICA  
Address: 32 SHADOWOOD DR.  
City-St-Zip: HOPEWELL JCT., NY 12533

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JESSICA SCHOEN

PRES

04/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date