


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90338 032 ****61.25

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|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N03000003884 |  |
| 1. Entity Name SHADOWBOX ACADEMY, INCORPORATED | |

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 6065 SOUTH GULF MANOR PENSACOLA FL 32526-1568 | Mailing Address 6065 SOUTH GULF MANOR PENSACOLA FL 32526-1568 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

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|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 36-4494036 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|



MOORE CR2E037 (11/03)

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|--------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
| RAMOS, ABEL (RAY) 6065 SOUTH GULF MANOR PENSACOLA FL 32526-1568 |

| |
|----------------------------------------------------|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

| | |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------|------------------------------------|

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAMOS, ABEL (RAY) 6065 SOUTH GULF MANOR PENSACOLA FL 32526-1568 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVIS, KENNETH L 524 WEST RAMONA STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MEEKS, WILLARD L 4622 DEER FIELD DRIVE PENSACOLA FL 32526 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCCAFFERY, GRACE R 3006 EAST KINGSFIELD ROAD PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEBORAH PARKER-SMILEY 700 East Gadsden Street Pensacola FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Melvin Stinson 3535 Flintwood Circle Pensacola, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Anthony Quiles 4 Escalona Avenue Pensacola FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 617, 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: ABEL Ramos *Abel Ramos* **4-14-04** **(850) 944-5636**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #