

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 03, 2006**  
**Secretary of State**

DOCUMENT# N03000003884

Entity Name: SHADOWBOX ACADEMY, INCORPORATED

**Current Principal Place of Business:**

6065 SOUTH GULF MANOR  
PENSACOLA, FL 325261568

**New Principal Place of Business:**

**Current Mailing Address:**

6065 SOUTH GULF MANOR  
PENSACOLA, FL 325261568

**New Mailing Address:**

FEI Number: 36-4494036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAMOS, ABEL (RAY)  
6065 SOUTH GULF MANOR  
PENSACOLA, FL 325261568 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: PD ( ) Delete  
Name: RAMOS, ABEL (RAY)  
Address: 6065 SOUTH GULF MANOR  
City-St-Zip: PENSACOLA, FL 325261568

Title: VD ( ) Delete  
Name: DAVIS, KENNETH L  
Address: 524 WEST RAMONA STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete  
Name: MEEKS, WILLARD L  
Address: 4622 DEER FIELD DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: S ( ) Delete  
Name: PARKER-SMILEY, DEBORAH  
Address: 700 EAST GADSDEN STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: STINSON, MELVIN  
Address: 3535 FLINTWOOD CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: EDLER, CALVIN  
Address: 1344 RUCE STREET  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL (RAY) RAMOS

PD

01/03/2006

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

\_\_\_\_\_  
Date