

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003884

FILED
Jan 10, 2007
Secretary of State

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 RAMOS

PD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date