

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116270

Entity Name: SHAFDRAP MANAGEMENT, INC.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

3100 UNIVERSITY BLVD. SOUTH SUITE 230  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3100 UNIVERSITY BLVD. SOUTH SUITE 230  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 02-0538621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YONG, FRANK J  
4570 ST. JOHNS AVENUE  
SUITE 1A  
JACKSONVILLE, FL 32210 US

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

YONG, FRANK J  
4575 ST. JOHNS AVENUE  
SUITE 4  
JACKSONVILLE, FL 32210 US

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

01/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DRAPER, LEE  
Address: 3100 UNIVERSITY BLVD. SOUTH SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VSDT ( ) Delete  
Name: SHOFFNER, CHARLES  
Address: 2700 UNIVERSITY BLVD W, SUITE A-2  
City-St-Zip: JACKSONVILLE, FL 32217

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE DRAPER

Electronic Signature of Signing Officer or Director

PD

01/16/2009

Date