

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008639

Entity Name: SHADOWFAX, INC.

FILED  
Jan 03, 2012  
Secretary of State

**Current Principal Place of Business:**

849 SW ENTERPRISE WAY  
STUART, FL 349977210

**New Principal Place of Business:**

**Current Mailing Address:**

849 SW ENTERPRISE WAY  
STUART, FL 349977210

**New Mailing Address:**

FEI Number: 20-2224894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANE, GLENN  
9030 ONE PUTT PLACE  
PORT ST. LUCIE, FL 34986 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: VP  
Name: LANE, GLENN  
Address: 9030 ONE PUTT PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P  
Name: LANE, EVELYN LANE  
Address: 9030 ONE PUTT PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: GLENN LANE

VP

01/03/2012

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

\_\_\_\_\_ Date