

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002149

**Entity Name:** SHADEZ OF HUE, INC.**Current Principal Place of Business:**9057 CANOPY OAK LANE  
APT 103  
RIVERVIEW, FL 33578**Current Mailing Address:**PO BOX 291676  
APT 103  
TAMPA, FL 33687 US**FEI Number:** 81-1679275**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, APRIL D  
9057 CANOPY OAK LANE  
APT 103  
RIVERVIEW, FL 33578 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:** APRIL D JONES

04/19/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                 |
|-----------------|---------------------------------|
| Title           | P                               |
| Name            | JONES, APRIL D                  |
| Address         | 9057 CANOPY OAK LANE<br>APT 103 |
| City-State-Zip: | RIVERVIEW FL 33578              |
| Title           | TREA                            |
| Name            | JONES, LYDIA                    |
| Address         | 9205 GRAND PALM COURT           |
| City-State-Zip: | RIVERVIEW FL 33578              |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | JONES, SAMUEL JR       |
| Address         | 9205 GRAND PALM COURT  |
| City-State-Zip: | RIVERVIEW FL 33578     |
| Title           | SECR                   |
| Name            | JACOB, JANICE          |
| Address         | 4901 GRAND BANKS DRIVE |
| City-State-Zip: | WIMAUMA FL 33598       |

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

**SIGNATURE:** APRIL D JONES

PRESIDENT

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date