

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116270

**Entity Name:** SHAFDRAP MANAGEMENT, INC.

**Current Principal Place of Business:**

5150 BELFORT ROAD  
BUILDING #300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5150 BELFORT ROAD  
BUILDING #300  
JACKSONVILLE, FL 32256

**FEI Number:** 02-0538621

**Certificate of Status Desired:** No

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

LEE, DRAPER III  
5150 BELFORT ROAD  
BUILDING# 300  
JACKSONVILLE, FL 32256 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DRAPER, LEE III  
Address 5150 BELFORT ROAD BUILDING 300  
City-State-Zip: JACKSONVILLE FL 32256

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

*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:** LEE DRAPER

**PRESIDENT**

**01/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date