

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006298

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC9922591837**

**Entity Name:** SHADE TREE CUSTOM PRODUCTS, INC

**Current Principal Place of Business:**

134 BROOKSIDE DRIVE  
CANTON, NC 28716

**Current Mailing Address:**

134 BROOKSIDE DRIVE  
CANTON, NC 28716

**FEI Number: 04-3599719**

**Certificate of Status Desired: No**

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

THERIAULT, MARK EJR  
18217 S.W. 114TH CT.  
MIAMI, FL 33157 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 PS  
Name THERIAULT, MARK ESR.  
Address 134 BROOKSIDE DR  
City-State-Zip: CANTON NC 28716

Title V  
Name KEMPER, BARRY  
Address 2865 BATTLEGROUND ROAD  
City-State-Zip: COWPENS SC 29330

Title S  
Name THERIAULT, MARK E  
Address 18217 S.W 114 CT  
City-State-Zip: MIAMI FL 33157

*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: MARK E THERIAULT SR**

**PRES**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date