

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006734

**Entity Name:** SHADE SYSTEMS, INC.

**Current Principal Place of Business:**

4150 S.W. 19 STREET  
OCALA, FL 34474

**Current Mailing Address:**

4150 S.W. 19 STREET  
OCALA, FL 34474

**FEI Number:** 42-1571783

**Certificate of Status Desired:** No

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

BAYMAN, ALAN A  
SHADE SYSTEMS, INC.  
4150 S.W. 19 STREET  
OCALA, FL 34474 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	P	Title	VP
Name	BAYMAN, ALAN A	Name	BARBER, JAMES N
Address	4150 S.W. 19 STREET	Address	4150 S.W. 19 STREET
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

*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:** ALAN BAYMAN

**PRESIDENT**

**03/21/2013**

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

\_\_\_\_\_  
Date