

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000008639

**Entity Name:** SHADOWFAX, INC.

**Current Principal Place of Business:**

849 SW ENTERPRISE WAY  
STUART, FL 34997-7210

**Current Mailing Address:**

849 SW ENTERPRISE WAY  
STUART, FL 34997-7210

**FEI Number:** 20-2224894

**Certificate of Status Desired:** No

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

LANE, GLENN  
10783 GREENBRIAR VILLA DRIVE  
WELLINGTON, FL 33449 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	VP	Title	P
Name	LANE, GLENN	Name	LANE, EVELYN LANE
Address	10783 GREENBRIAR VILLA DRIVE	Address	10783 GREENBRIAR VILLA DRIVE
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

*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

**PRESIDENT**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date