

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089661

Entity Name: SHADOW MARK, INC.

Current Principal Place of Business:

190 LAKESIDE DRIVE
MOUNTAIN REST, SC 29664

Current Mailing Address:

190 LAKESIDE DRIVE
MOUNTAIN REST, SC 29664 US

FEI Number: 26-4401321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEPINGER, JEFFREY A
C/O JENNY LYNNE & CO
4213 CR 218 SUITE 4
MIDDLEBURG, FL 32068 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
Name KLEPINGER, JEFFREY A
Address 190 LAKESIDE DRIVE
City-State-Zip: MOUNTAIN REST SC 29664

Title O
Name KLEPINGER, CHRISTINE P
Address 190 LAKESIDE DRIVE
City-State-Zip: MOUNTAIN REST SC 29664

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: JEFFREY KLEPINGER

PRESIDENT

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date