# 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 A KLEPINGER

Electronic Signature of Signing Officer/Director Detail

# 6045 SEARCHWOOD AVENUE MAXVILLE, FL 32234

**Current Principal Place of Business:** 

Entity Name: SHADOW MARK, INC.

#### **Current Mailing Address:**

DOCUMENT# P08000089661

6045 SEARCHWOOD AVENUE MAXVILLE, FL 32234 US

### FEI Number: 26-4401321

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

Electronic Signature of Registered Agent

KLEPINGER, JEFFREY A 6045 SEARCHWOOD AVENUE MAXVILLE, FL 32234 US

**Officer/Director Detail :** 

Р

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:

Title

Name	KLEPINGER, JEFFREY A	Name	KLEPINGER, CHRISTINE P
Address	6045 SEARCHWOOD AVENUE	Address	6045 SEARCHWOOD AVENUE
City-State-Zip:	MAXVILLE FL 32234	City-State-Zip:	MAXVILLE FL 32234

Title

0

Certificate of Status Desired: No

Date

01/26/2017

# FILED Jan 26, 2017 Secretary of State CC1257392782

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

PRESIDENT

Date