

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089661

**Entity Name:** SHADOW MARK, INC.

**Current Principal Place of Business:**

6045 SEARCHWOOD AVENUE  
MAXVILLE, FL 32234

**Current Mailing Address:**

P.O. BOX 66196  
ORANGE PARK, FL 32065

**FEI Number:** 26-4401321

**Certificate of Status Desired:** No

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

KLEPINGER, JEFFREY A  
6045 SEARCHWOOD AVENUE  
MAXVILLE, FL 32234 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 6045 SEARCHWOOD AVENUE  
City-State-Zip: MAXVILLE FL 32234

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

*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

**PRESIDENT**

**02/14/2014**

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

\_\_\_\_\_  
Date