

**2021 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 A KLEPINGER

**PRESIDENT**

**02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date