

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031816

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC7493432118**

**Entity Name:** SHADOW LANE CORP

**Current Principal Place of Business:**

1780-1800 SHADOW LANE  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

7195 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 US

**FEI Number: 27-2323288**

**Certificate of Status Desired: No**

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

GARNER, GREG J  
8250 WAUKEENAH HWY  
MONTICELLO, FL 32344 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 GARNER, GREG J  
Address 8250 WAUKEENAH HWY  
City-State-Zip: MONTICELLO, FL 32344

Title VP  
Name GARNER, ROBERT P  
Address 7195 MANASOTA KEY ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title ST  
Name GARNER, GARY R  
Address 3733 SULTON COURT  
City-State-Zip: TALLAHASSEE FL 32312

*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: ROBERT P. GARNER**

**VICE PRESIDENT**

**01/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date