


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 333495 1. Entity Name SHADOWLAWN FARMS, INCORPORATED	
---	---

Principal Place of Business 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003 US	Mailing Address 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003 US
--	--



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1271034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHN C. MYERS, III 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KUHN, JAMES P. 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, JUNE R. 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BURNETTE, LEAH 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, MARGARET P. 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYERS, JOHN C. I 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000013447
01/26/04-80054-003 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leah Burnette 1-20 04 904-269-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #