

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 439411

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: SHADOWOOD OFFICES, INC.

## Current Principal Place of Business:

3225 SOUTHSIDE BLVD.  
2  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 17156  
JACKSONVILLE, FL 322457156 US

## New Mailing Address:

FEI Number: 59-1650848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENNARD, THOMAS O.  
3225 SOUTHSIDE BLVD #2  
JACKSONVILLE, FL 32245 US

## Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KENNARD, THOMAS O.,  
Address: 8260 ROCK HILL LANE  
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete  
Name: KENNARD, RUTH S.,  
Address: 8260 ROCK HILL LANE  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KENNARD, THOMAS O JR  
Address: 8260 ROCK HILL LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V (X) Change ( ) Addition  
Name: KENNARD, RUTH S  
Address: 8260 ROCK HILL LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS O. KENNARD, JR.

PD

04/06/2005

Electronic Signature of Signing Officer or Director

Date