

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90075 002 \*\*\*150.00

**DOCUMENT # F50309**

1. Entity Name  
**SHADOW LAKES DEVELOPMENT COMPANY**



Principal Place of Business

10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778 US

Mailing Address

10825 SEMINOLE BLVD  
#1  
LARGO, FL 33778 US

**40014549**



01062005 No Chg-P CR2E034.(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2142431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPPER, THOMAS W  
10825 SEMINOLE BLVD #1  
STE 3A  
LARGO, FL 34648

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5:00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KAPPER, THOMAS W  
STREET ADDRESS 17404 1ST STREET E.  
CITY-ST-ZIP REDINGTON SHORES, FL

TITLE SD  
NAME KAPPER, NANCY  
STREET ADDRESS 17404 1ST STREET E.  
CITY-ST-ZIP REDINGTON SHORES, FL

TITLE V  
NAME KAPPER, THOMAS W. J  
STREET ADDRESS 10825 SEMINOLE BLVD #1  
CITY-ST-ZIP SEMINOLE, FL

TITLE DT  
NAME GENTRY, CHERYL  
STREET ADDRESS 10531 111 TERR N  
CITY-ST-ZIP LARGO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

*Cheryl Gentry*

*Cheryl Gentry*

*1/24/05*

*727-397-1192*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #