## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2008 8:00 am Secretary of State

ANNOAL KEI OKI					Secretary of State				
DOCU		05-06-2008 90034 050			-				
1. Entity Name SHADOW LAKE GROVES, INC.						3-00-2006 2	0054 050 150.	00	
	!	100							
	·		W. F.		,				
Principal Place of Business Mailing Address .			·-		·				
2400 SOUTH FEDERAL HIGHWAY 1729 H STREET NORTHN SUITE 300 WASHINGTON, DC 2000					- '				
STUART, FL 34994-4590 US				٠ :			ne alaik didir dedir denir nivik bid	(III	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				•					
		,			5)(U 1100U 116U 118U UI	81 81811 61831 61831 61831 61851 618	INNET IT IEEL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number	704		oplied For	
Zip Country		Zip Country			65-0050		\$9.75 44	ot Applicable	
			,		5. Certificate of	Status Desired	Fee Require		
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New I	Registered Agent		
CT CORPORATION SYSTEM			1Vallie	Name ~					
	NE ISLAND ROAD ION, FL 33324		Street A	Street Address (		is Not Acceptable	le)		
PLANTATI	ION, FL 33324								
			City				FL Zip Coo	le	
8. The above	named entity submits this statement for	egistered office or	r register	red agent, or both,	in the State of F		and accept		
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 9. Election Campaign Financing \$5.00 May Be									
After M	ay 1, 2008 Fee will be \$550.0	Trust Fund Contrib	oution.	Add	led to Fees				
10.	OFFICERS AND		11.	- K		HANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	DC KIPLINGER, AUSTIN H	☐ Delete	TITLE NAME	Dir	ector		Change	☐ Addition	
STREET ADDRESS	1729 H STREET NORTHWEST		STREET ADDRESS						
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP						
TITLE	VD TOPP I	☐ Delete	TITLE	Chai	irman of the	Board	Change	☐ Addition	
NAME STREET ADDRESS	KIPLINGER, TODD L 1729 H STREET NORTHWEST		NAME STREET ADDRESS						
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP						
TITLE	VP	Delete	TITLE	Dire	ector		<b>⊠</b> Change	Addition	
NAME CTREET ADDRESS	BRODERICK, STEPHEN J		NAME CTREET + DODGES						
STREET ADDRESS CITY-ST-ZIP	1729 H STREET NORTHWEST WASHINGTON, DC 20006		STREET ADORESS CITY-ST-ZIP					-	
TITLE	DO	☐ Delete	TITLE	Vice	Chairman, L	irector	🕰 Change	☐ Addition	
NAME	KIPLINGER, KNIGHT A		NAME						
STREET ADDRESS CITY-ST-ZIP	1729 H STREET NORTHWEST   WASHINGTON, DC 20006		STREET ADORESS CITY-ST-ZIP						
TITLE	DT 2000	☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME	WILKES, CORBIN M		NAME					_	
STREET ADDRESS	1729 H STREET NORTHWEST		STREET ADDRESS						
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	-				<b>⊊</b> Aaabb	
TITLE NAME	Asst. Secretary Kisha N. Ward	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	-1729 H Street NW		STREET ADDRESS	1					
CITY-ST-ZIP	Washington, BC 200	206	CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

202-881-6448

Daytime Phone #