

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82314

FILED
Apr 04, 2011
Secretary of State

Entity Name: SHADOW LAKE GROVES, INC.

Current Principal Place of Business:

2400 SOUTH FEDERAL HIGHWAY
SUITE 230
STUART, FL 349944590 US

New Principal Place of Business:

Current Mailing Address:

1729 H STREET NORTHWEST
WASHINGTON, DC 20006 US

New Mailing Address:

FEI Number: 65-0050724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: KIPLINGER, AUSTIN H
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: AS
Name: TAIT, JANELLE N
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: BRODERICK, STEPHEN J
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: PD
Name: KIPLINGER, KNIGHT A
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: DT
Name: WILKES, CORBIN M
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: BONAN, W. MARTIN
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

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: W. MARTIN BONAN

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04/04/2011

Electronic Signature of Signing Officer or Director

Date