## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82314

Entity Name: SHADOW LAKE GROVES, INC.

FILED Feb 26, 2012 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business    |
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2400 SOUTH FEDERAL HIGHWAY SUITE 230 STUART, FL 349944590 US

Current Mailing Address: New Mailing Address:

1729 H STREET NORTHWEST
WASHINGTON, DC 20006 US
SUITE 230
STUART, FL 349944590 US

FEI Number: 65-0050724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: KIPLINGER, AUSTIN H

Address: 1100 13TH STREET NW SUITE 750

City-St-Zip: WASHINGTON, DC 20005

Title: D

 Name:
 BRODERICK, STEPHEN J

 Address:
 1100 13TH STREET NW SUITE 750

 City-St-Zip:
 WASHINGTON, DC 20005

Title: PD

Name: KIPLINGER, KNIGHT A

Address: 1100 13TH STREET NW, SUITE 750

City-St-Zip: WASHINGTON, DC 20005

Title: DT

Name: WILKES, CORBIN M

Address: 1100 13TH STREET NORTHWEST, SUITE 750

City-St-Zip: WASHINGTON, DC 20005

Title: [

Name: BONAN, W. MARTIN

Address: 2400 S. FEDERAL HIGHWAY, SUITE 230

City-St-Zip: STUART, FL 34994

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 D 02/26/2012