2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2004
Secretary of State

DOCUMENT# N00000001909

Entity Name: THE SHADOW RUN DAM CORPORATION, INC.

Current Principal Place of Business:

PO BOX 894
RIVERVIEW, FL 33568

New Principal Place of Business:

Current Mailing Address:

PO BOX 894
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 59-3688447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J
791 WEST LUMSDEN ROAD
BRANDON, FL 33511 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:	PD	( ) Delete
Name:	DEVELDER, DAVID	
Address:	11312 DONNEYMOOR DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	TD	( ) Delete
Name:	OTTE, JAMES R	
Address:	11402 DONNEYMOOR DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	(X) Delete
Name:	LIM, KC	
Address:	12505 SHADOW RUN BOULEVARD	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	DS	(X) Delete
Name:	BATES, RICHARD	
Address:	11408 DONNEYMOOR DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	SULICK, PAUL	
Address:	11418 DONNEYMOOR DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	MCKINLEY, MEL	
Address:	13015 SHADOW RUN BLVD.	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	MCKINLEY, MEL	
Address:	13015 SHADOW RUN BLVD.	
City-St-Zip:	RIVERVIEW, FL 33569	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. OTTE DT 03/28/2004
Electronic Signature of Signing Officer or Director — Date