2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001909

1. Entity Name
THE SHADOW RUN DAM CORPORATION, INC.

Principal Place of Business	Mailing Address
PO BOX 894 RIVERVIEW, FL 33568	PO BOX 894 RIVERVIEW, FL 33568

03252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688447
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J
791 WEST LUMSDEN ROAD
BRANDON, FL 33511

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEVELDER, DAVID
STREET ADDRESS	11312 DONNEYMOOR DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	TD
NAME	OTTE, JAMES R
STREET ADDRESS	11402 DONNEYMOOR DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	SULICK, PAUL
STREET ADDRESS	11418 DONNEYMOOR DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DS
NAME	MCKINLEY, MEL
STREET ADDRESS	13015 SHADOW RUN BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000278231
03/28/05-80015-025 61.25

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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 617, 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: James R Otte TREES 3/25/2005 813-671-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #