

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N00000001909 1. Entity Name THE SHADOW RUN DAM CORPORATION, INC.	
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Principal Place of Business PO BOX 894 RIVERVIEW, FL 33568	Mailing Address PO BOX 894 RIVERVIEW, FL 33568
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVELDER, DAVID 11312 DONEYMOOR DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, WAYNE W 11311 LEPRECHAUN DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUTLER, RICHARD S 11210 DONEYMOOR DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCKINLEY, MEL 13015 SHADOW RUN BLVD. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRENS, THOMAS C 11206 MIST MOOR CT RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80055-021 70.00

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 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: Richard S. Cutler **4/15/07 (813) 760-9484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #