

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N49046

1. Entity Name
SHADOW AVIATION MUSEUM, INC.



Principal Place of Business

22296 NW 75 AVE RD
MICANOPY, FL 32667 US

Mailing Address

22296 NW 75 AVE RD
MICANOPY, FL 32667 US

FILED
Jul 07, 2005 08:00 AM
Secretary of State



07052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3125872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILBERMAN, JOHN
22296 NW 75TH AVE. RD.
MICANOPY, FL 32667

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILBERMAN, JOHN
STREET ADDRESS 22296 NW 75TH AVE. RD.
CITY-ST-ZIP MICANOPY, FL 32667

TITLE VD
NAME SILBERMAN, SUSAN
STREET ADDRESS 22296 NW 75TH AVE. RD.
CITY-ST-ZIP MICANOPY, FL 32667

TITLE D
NAME GANDY, STACY
STREET ADDRESS 24265 MONDON HILL RD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000371380
07/07/05-80016-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

John Silberman JOHN SILBERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JULY 05
Date

352-581-2893
Daytime Phone #