

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90403 023 \*\*\*150.00

**DOCUMENT # P00000051497**

1. Entity Name

SHADY OAKS OF LAKE CITY, INC.



Principal Place of Business

4400 US HWY.90 WEST  
LAKE CITY FL 32055

Mailing Address

4400 US HWY.90 WEST  
LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

184 SW Domino's Way #101

Suite, Apt. #, etc.

184 SW Domino's Way #101

City & State

Lake City FL 3

City & State

Lake City FL

Zip

32025

Country

Columbia

Zip

32025

Country

Col

4. FEI Number

59-3671747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EAGLE, THOMAS H  
4400 US HWY.90 WEST  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Eagle Thomas H

Street Address (P.O. Box Number is Not Acceptable)

184 SW Domino's Way

City

Lake City

FL

Zip Code

32025

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)

3/31/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

☐ Delete

NAME

HITSON, SHIRLEY

STREET ADDRESS

2250 US HWY.90 WEST

CITY-ST-ZIP

LAKE CITY FL 32055

TITLE

SD

☐ Delete

NAME

EAGLE, THOMAS H

STREET ADDRESS

4400 US HWY.90 WEST

CITY-ST-ZIP

LAKE CITY FL 32055

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

☒ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

184 SW Domino's Way #101

Lake City FL 32025

TITLE

NAME

☒ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

184 SW Domino's Way #101

Lake City FL 32025

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

752-9626

Daytime Phone #