

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000075157

1. Entity Name
SHADY LEAF CORP.



Principal Place of Business
1609 SHADY LEAF DR.
VALRICO, FL 33594

Mailing Address
1609 SHADY LEAF DR.
VALRICO, FL 33594

FILED

2004 MAY 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3661698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VELCHECK, ANTOINETTE
505 129TH AVE E.
MADEIRA BEACH, FL 33708

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARTFORD, THERESA B
STREET ADDRESS 1609 SHADY LEAF DR.
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME HARTFORD, JOSHUA W
STREET ADDRESS 1609 SHADY LEAF DR.
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

800036547308
05/18/04--01038--016 **\$50.00

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IN THIS SPACE

Vem
5/14/04

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

5/12/04

Date

813 685 5257

Daytime Phone #