


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 025 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 6523 Manila Palm Way	3. Mailing Address 6523 Manila Palm Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04202008 Chg-P CR2E034 (12/06)

City & State Apollo Beach Florida	City & State Apollo Beach Florida
Zip 33572	Country Hillsborough
Zip 33572	Country Hillsborough

4. FEI Number 59-3661698	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELCHECK, ANTOINETTE 505 129TH AVE E. MADEIRA BEACH, FL 33708	
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7. Name and Address of New Registered Agent Name Elizabeth Barrett Street Address (P.O. Box Number is Not Acceptable) 3416 Porter Road City Lithia FL Zip Code 33547	
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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 	Elizabeth Barrett, Registered Agent	DATE 04/21/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTFORD, THERESA B 1609 SHADY LEAF DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTFORD, JOSHUA W 1609 SHADY LEAF DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 	Theresa B. Hartford	DATE 4/20/08	PHONE 913-310-1208
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