

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116270

Entity Name: SHAFDRAP MANAGEMENT, INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3100 UNIVERSITY BLVD. SOUTH SUITE 230  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

5150 BELFORT ROAD  
BUILDING #300  
JACKSONVILLE, FL 32256

## **Current Mailing Address:**

3100 UNIVERSITY BLVD. SOUTH SUITE 230  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

5150 BELFORT ROAD  
BUILDING #300  
JACKSONVILLE, FL 32256

FEI Number: 02-0538621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

YONG, FRANK J  
4575 ST. JOHNS AVENUE  
SUITE 4  
JACKSONVILLE, FL 32210 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: DRAPER, LEE  
Address: 5150 BELFORT ROAD BUILDING 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSDT  
Name: SHOFFNER, CHARLES  
Address: 2700 UNIVERSITY BLVD W, SUITE A-2  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE DRAPER

PD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date