

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90394 011 \*\*\*150.00

DOCUMENT # P02000070112

1. Entity Name

SHADOW SIGNS, INC.



Principal Place of Business  
7628 MCELVEY AVE  
PANAMA CITY FL 32408

Mailing Address  
7628 MCELVEY AVE  
PANAMA CITY FL 32408

2. Principal Place of Business  
7628 MCELVEY AV  
Suite, Apt. #, etc.

3. Mailing Address  
7628 MCELVEY AV  
Suite, Apt. #, etc.

City & State  
PANAMA CITY BEACH, FL  
Zip  
32408  
Country  
BAY

City & State  
PANAMA CITY BEACH, FL  
Zip  
32408  
Country  
BAY

4. FEI Number  
27-0008786

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, ELAINE  
7628-7812 MCELVEY AVE  
PANAMA CITY FL 32408

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

*Elaine K. Hardy*

4-29-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARDY, RODNEY  
6304 CAUSEWAY RD. 216 WOODLAWN DR  
PANAMA CITY FL 32408 PANAMA CITY, FL 32407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HARDY, ELAINE  
6304 CAUSEWAY RD. 216 WOODLAWN DR  
PANAMA CITY FL 32408 PANAMA CITY, FL 32407

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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:

*Elaine K. Hardy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 8502346344

Date

Daytime Phone #