

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90076 009 ***150.00

DOCUMENT # P02000100895

1. Entity Name

SHADENET, INC.



Principal Place of Business

806 ANASTASIA BLVD.
SAINT AUGUSTINE FL 32080

Mailing Address

806 ANASTASIA BLVD.
SAINT AUGUSTINE FL 32080



2. Principal Place of Business

1750 TREE BLVD

Suite, Apt. #, etc.

Suite 2

City & State

St. Aug, FL

Zip

32084

Country

USA

3. Mailing Address

1750 TREE BLVD

Suite, Apt. #, etc.

Suite 2

City & State

St. Aug, FL

Zip

32084

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

56-2294045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESSER, LAHNEN & EDELMAN
6622 SOUTH POINT DRIVE
SUITE 495
JACKSONVILLE FL 33221-6

7. Name and Address of New Registered Agent

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

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, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VAN RENSBURG, ANDRIES J
806 ANASTASIA BOULEVARD
SAINT AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1750 TREE BLVD SUITE 2
ST. AUG, FL 32084

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

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 2006

Date

Daytime Phone #