2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# P03000055315

Entity Name: SHADOW OAKS, INC.

Current Principal Place of Business:

49 SINCLAIR ROAD
SARASOTA, FL 34240

New Principal Place of Business:

55 SINCLAIR ROAD
SARASOTA, FL 34240

Current Mailing Address:

49 SINCLAIR ROAD
SARASOTA, FL 34240

New Mailing Address:

614 NORTON STREET
LONGBOAT KEY, FL 34228

FEI Number: 05-0568220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIGSBY, LONNIE O
49 SINCLAIR ROAD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

GRIGSBY, LONNIE O
614 NORTON STREET
LONGBOAT KEY, FL 34228 US

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: LONNIE O GRIGSBY 07/07/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GRIGSBY, LONNIE O
Address: 1241 CENTER PLACE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: GRIGSBY, LONNIE O
Address: 1241 CENTER PLACE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: GRIGSBY, LONNIE O
Address: 614 NORTON STREET
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LONNIE O GRIGSBY PVPS 07/07/2006
Electronic Signature of Signing Officer or Director Date