

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000090514

Entity Name: SHEDMAN, INC.

FILED
Aug 10, 2009
Secretary of State

Current Principal Place of Business:

582 6TH AVE SE
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

582 6TH AVE SE
LARGO, FL 33771 US

New Mailing Address:

FEI Number: 20-0158457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBRELL, L C CLARENCE
582 6TH AVE SE
LARGO, FL 33771 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: P () Delete
Name: KIMBRELL, L C CLARENCE
Address: 582 6TH AVE SE
City-St-Zip: LARGO, FL 33771 US

Title: VP () Delete
Name: KIMBRELL, NANCY A
Address: 582 6TH AVE SE
City-St-Zip: LARGO, FL 33771 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: CLARK, BRIAN
Address: 15515 61ST STREET NORTH
City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify 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: L C CLARENCE KIMBRELL

P

08/10/2009

Electronic Signature of Signing Officer or Director

Date