


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 014 ***150.00

DOCUMENT # P93000003110 1. Entity Name SHADY OAKS ENTERPRISES, INC.			
Principal Place of Business 6000 BADCOCK ST SE PALM BAY, FL 32909		Mailing Address 1568 NORTHFIELD LN LAFAYETTE, CO 80026 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 915 W. Alder St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Louisville CO	
Zip	Country	Zip 80027	Country USA
6. Name and Address of Current Registered Agent WALER, KATHY 7650 59TH STREET E. MYAKKA CITY, FL 34251		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STEIN, DAVID H STREET ADDRESS 1563 NORTHFIELD LN CITY-ST-ZIP LAFAYETTE, CO 80026	<input type="checkbox"/> Delete	TITLE NAME President STEIN, David H. STREET ADDRESS 915 W. Alder St. CITY-ST-ZIP Louisville, CO 80027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME WALKER, KATHY STREET ADDRESS 7650 59TH STREET E CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		03-14-07 Date Daytime Phone #	