2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2004 8:00 am Secretary of State 03-31-2004 90015 020 ***150.00

DOCUMENT # P96000096403 1. Entity Name SHADOW WEST, INC.								110000	υ υ	3 020	130.00
Principal Place of Business 1117 SERISSA CT ORLANDO, FL 32818 Mailing Address 1117 SERISSA CT ORLANDO, FL 32818 Mailing Address ORLANDO, FL 32818								«BAB AIN) BA II , BA II			··· • • • • • • • • • • • • • • • • • •
2. Principal Place of Business Q624 BLACK BEAR LN Q624 BLACK Suite, Apt. #, etc. 3. Mailing Address Q624 BLACK SEAR LN G624 BLACK Suite, Apt. #, etc.						W	03292004	Chg-P		34 (10/03)	
City & State City & State City & State CHRDEN, FLWINTER GARDE						-L	4. FEI Numb	per -		Ar	oplied For ot Applicable
347	87 8 Name	Country	34787	Çour			5. Certificate	of Status Desired	, u	\$8.75 Add Fee Require	itional
6. Name and Address of Current Registered Agent STUART, JENNIFER A 1117 SERISSA COURT ORLANDO, FL 32818							7. Hame and	J Address of New	r negistered	Agent	
						Street Address (P.O. Box Number is Not Acceptable)					
									FL	Zip Cod	
8. The above	named entit	y submits this statement for	r the purpose of changing it:	s register	ed office or	register	ed agent, or bo	oth, in the State of		familiar with,	and accept
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 tate 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.	D	OFFICERS AND		11.		7/1	<u> </u>	/CHANGES TO O		-2.	· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP	STUART, JENNIFER A					5TU	NART, 24 BLA	JENNIA CKBE GAR	FERA	D'Change N/. E/. 3	□ Addition
TITLE	0,,2,,,	7,11 02010	☐ Delete	FIFE		W/.	NIEK	GIVE	JEM,	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ME Eet address (-st-zip						
TITLE			☐ Delete	TITL	Ę.					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAM STRI CITY										
TITLE NAME STREET ADDRESS			☐ Delete	TITLS	E					☐ Change	☐ Addition
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	NAM etre						Change	Addition Addition
CITY-ST-ZIP					r-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
12. I hereby of indicated of the cor	certify that the on this repor- poration or the	e information supplied with it or supplemental report is ne receiver or trustee emoc	this filling does not qualify to true and accurate and that owered to execute this repor	or the exe my signat t as requi	mption state ture shall he ired by Cha	ted in Se ave the s apter 607	ction 119.07(3) same legal effe , Florida Statute	(i), Florida Statute ot as if made unde es; and that my na	s. I further cer er oath; that I a	tify that the ir am an officer n Block 10 or	nformation or director Block 11 if
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information indicated on this report or supplemental report is fully 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 impowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OF DIRECTOR DELLO											