**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 17, 2022**
**Secretary of State**
**1636906378CC**

DOCUMENT# P20000016984

**Entity Name:** J.R. SHADOW SOLUTIONS, INC.

**Current Principal Place of Business:**

5396 CORDGRASS BEND LN
PORT ORANGE, FL 32128-0735

**Current Mailing Address:**

P.O.BOX 290735
PORT ORANGE, FL 32129 US

**FEI Number: 84-4875482**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, BRIAN M
3596 CORDGRASS BNED LN
PORT ORANGE, FL 32127-0654 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PVST |
| Name | INC, J R SHADOW SOLUTIONS |
| Address | PO BOX 290735 |
| City-State-Zip: | PORT ORANGE FL 32129 |

*I hereby 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 all other like empowered.*

SIGNATURE: J R SHADOW SOLUTIONS INC PVST 02/17/2022

Electronic Signature of Signing Officer/Director Detail — Date