


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90099 032 ***150.00

DOCUMENT # J59530

1. Entity Name
FITNESS SHOWCASE, INC.



Principal Place of Business
**116 SOUTH SEMORAN BLVD.
 WINTER PARK FL 32792**

Mailing Address
**116 SOUTH SEMORAN BLVD.
 WINTER PARK FL 32792**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Zip Country

4. FEI Number **59-2776869** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HATCH, JOHN D PA
 840 SE 5TH ST
 Ocala FL 34471**

7. Name and Address of New Registered Agent

Name **HATCH, JOHN D PA**
 Street Address (P.O. Box Number is Not Acceptable)
1267 BERKSHIRE LANE
 City **TARPON SPRINGS FL** Zip Code **34688**

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HATCH, DAVID S. <input type="checkbox"/> Delete 118 SOUTH SEMORAN BLVD WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HATCH, JANET B <input type="checkbox"/> Delete 1655 COPPERLEAF COVE OVIDO FL 32677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HATCH, JOHN D <input checked="" type="checkbox"/> Delete 840 SE 5TH ST OCALA FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HATCH, JOHN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1267 BERKSHIRE LANE TARPON SPRINGS, FL 34688
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John D Hatch PRESIDENT 1-29-07 407-671-3048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #