

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P13000096941

**Entity Name:** PROPERTY SHOWCASE, INC.

**Current Principal Place of Business:**

LAKE CHRISTOPHER PROFESSIONAL CENTER  
36 CHARLES RICHARD BEALL BLVD. SUITE 104  
DEBARY, FL 32713

**Current Mailing Address:**

LAKE CHRISTOPHER PROFESSIONAL CENTER  
36 CHARLES RICHARD BEALL BLVD. SUITE 104  
DEBARY, FL 32713 US

**FEI Number:** 90-1034243

**Certificate of Status Desired:** No

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

THURSTON, SMILEY WALLACE  
608 SAXON BLVD.  
DELTOND, FL 32725 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 P  
Name JAFROODI, HAYDEN C  
Address 457 CHINAHILL COURT  
City-State-Zip: APOPKA FL 32712

Title COO  
Name THURSTON, SMILEY W  
Address 608 SAXON BLVD.  
City-State-Zip: DELTONA FL 32725

Title CEO  
Name JAFROODI, DARREN A  
Address 457 CHINAHILL COURT  
City-State-Zip: APOPKA FL 32712

*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:** SMILEY W. THURSTON

COO

02/01/2014

Electronic Signature of Signing Officer/Director Detail

Date