

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 407884

1. Entity Name
RAY'S SHOWCASE, INC.



Principal Place of Business
**2340 ST 580
STE M
CLEARWATER, FL 33763 US**

Mailing Address
**2340 SR 580
STE M
CLEARWATER, FL 33763 US**



04292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1427176

Appl
Not Ap

5. Certificate of Status Desired ☐ **\$8.75** Addition
Fees Required

6. Name and Address of Current Registered Agent

**GRIFFIN, DAVID W.
565 DUNCAN SOUTH
CLEARWATER, FL 33756**

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IN THIS SPACE**

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 am the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LETTRE, STEVEN R.
STREET ADDRESS 2508 SPINAKER COURT
CITY-ST-ZIP PALM HARBOR, FL

TITLE TD
NAME LETTRE, JOSEPH A.
STREET ADDRESS 1727 87TH TERRACE
CITY-ST-ZIP ST. PETERSBURG, FL 0,

TITLE VC
NAME LETTRE, RAYMOND A
STREET ADDRESS 9265 ASHLEY DRIVE
CITY-ST-ZIP WEEKIE WACHEE, FL

TITLE AS
NAME LETTRE, RAYMOND A.
STREET ADDRESS 9265 ASHLEY DRIVE
CITY-ST-ZIP WEEKIE WACHEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000560511
05/18/06-80042-019 150.00

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

4/28/06