

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1427176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000939007
05/28/08-80010-023 150.00

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven Lettre Steven Lettre 4/30/08 221-712-1414