

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 13, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 563251**

1. Entity Name  
**CONKLIN SHOWS, INC.**



Principal Place of Business  
**P.O. BOX 210008  
ROYAL PALM BEACH, FL 33421-0008**

Mailing Address  
**P.O. BOX 210008  
ROYAL PALM BEACH, FL 33421-0008**



05062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1827030**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CIOFFI, JAMES  
JEEFER, HARTMAN  
250 TEQUESTA DRIVE, SUITE 200  
TEQUESTA, FL 33469**

**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

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

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000951213  
06/04/08 80024 004 558.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CONKLIN, FRANKLIN JAMES
STREET ADDRESS	8966 BELVEDERE RD.
CITY-ST-ZIP	W. PALM BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

05/10/08

Date

361 793-2477

Daytime Phone #