

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 585661

1. Entity Name

SHOWCASE PROPERTIES, INC.



Principal Place of Business

STATE ROAD 21 NORTH
P.O. BOX 1338
KEYSTONE HEIGHTS FL 32656

Mailing Address

STATE ROAD 21 NORTH
P.O. BOX 1338
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1860830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWELL, PAUL D
12 LAWRENCE BLVD #202
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PST MINOR, BETSY JO ☐ Delete
STREET ADDRESS 8238 ALDERMAN ROAD
CITY - ST - ZIP KEYSTONE HEIGHTS FL

TITLE NAME D MINOR, BETSY JO ☐ Delete
STREET ADDRESS 8238 ALDERMAN ROAD
CITY - ST - ZIP KEYSTONE HEIGHTS FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000031329
CITY - ST - ZIP 02/04/04-80142-025 150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Betsy Jo Minor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04 352/473-4903
Date Daytime Phone #