


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 723464	
1. Entity Name SHOWMEN'S REST, INC.	

Principal Place of Business 608 N. WILLOW AVENUE TAMPA, FL 33606-1340	Mailing Address 608 N. WILLOW AVENUE TAMPA, FL 33606-1340
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1494878	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 THOMAS, LILLIAN 608 N. WILLOW AVE. TAMPA, FL 33606

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, LILLIAN A 12734 WOOD TRAIL BLVD TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, H C 10140 VISTA POINT DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSICANO, RALPH 11334 OAKLEAF AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLEENOR, JOY 3940 EDEN ROCK CIRCLE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVON, BARBARA 9236 GIBSONTON DRIVE GIBSONTON, FL 33534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERSON, DON 5833 MARINER DRIVE TAMPA, FL

DO NOT WRITE
IN THIS SPACE

1100000666405
03/23/07-80067-025 61.25

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 617, 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: Lillian A. Thomas, Lillian A. Thomas 2-28-07 969-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #