

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F62626

1. Entity Name
SHOWPLACE HOMES, INC.



Principal Place of Business
**4237 SALISBURY RD
SUITE 407
JACKSONVILLE, FL 32216 US**

Mailing Address
**P O BOX 431
P. O. BOX 431
PONTE VEDRA BEACH, FL 32004 US**

FILED
Mar 03, 2005 08:00 AM
Secretary of State



03022005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2147714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AHERN, FRED L., JR.
2215 S. 3RD ST., SUITE 101
JACKSONVILLE BEACH, FL 32250**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**UN00000250674
03/04/05-80020-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STONE, LOUISE 6536 BURNHAM CIRCLE PONTE VEDRA BCH., FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARM, MARION 2750 FLYNN CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, DEBRA 5903 YORKTOWN CR ORANGE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:

Louise H Stone President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05-(904)285-5941
Date Signature Phone #

Louise H STONE President