2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000090313

1. Entity Name
SOUTHERN SHOWCASE, INC.

02-25-2005 90150 002 ***150.00

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01062005   Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
24551 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135	24551 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135

2. Principal Place of Business	3. Mailing Address
24520 Production Cir	24520 Production Cir
Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc. Suite 7
City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34135 Country	Zip 34135 Country

4. FEI Number 59-3673592 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KINGON, ANN 24551 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135	Name Street Address (P.O. Box Number is Not Acceptable) 24520 Production Circle Suite 7 City Bonita Springs FL Zip Code 34135

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

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME KINGON, ANN STREET ADDRESS 24551 PRODUCTION CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24520 Production Cir Ste7 Bonita Springs, FL 34135	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____   1-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #