

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90409 028 ***150.00

DOCUMENT # P01000024726

1. Entity Name
SHOWWORKS, INC.



Principal Place of Business
200 SCARLET BLVD.
OLDSMAR, FL 34677 US

Maining Address
200 SCARLET BLVD.
OLDSMAR, FL 34677 US

50012697



2. Principal Place of Business

3. Maining Address

Suite, Apt. #, etc

Suite, Apt. # etc

04062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3707267

App'ed For

Not App'able

Zip

Country

Zip

Country

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

BERRY, STEFANIE
9620 FREDERICKSBURG ROAD
TAMPA, FL 33635

Name

Street Address (P.O. Box Number's 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 of the individual or entity designated as the registered agent.

Signature of the Agent designated as the registered agent.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY ST ZIP
P
BERRY, STEFANIE
9620 FREDERICKSBURG RD
TAMPA, FL 33635 ☐ 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

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CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
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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 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 I 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 a other like empowered.

SIGNATURE:

Stefanie Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING