


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000029534
1. Entity Name
SHOWDOWN ENTERPRISES, INC.



Principal Place of Business
3528 WESTMINSTER COURT
HOLIDAY, FL 34691

Mailing Address
3528 WESTMINSTER COURT
HOLIDAY, FL 34691



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3658504 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FISH, SUSANLYN
3528 WESTMINSTER COURT
HOLIDAY, FL 34691

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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 reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISH, SUSAN LYN 3528 WESTMINSTER CT. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LUZNY, MICHAEL 3528 WESTMINSTER CT. HOLIDAY, FL 34691
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04/09/04-80019-017 150.00

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 all officers and with all other like empowered.

SIGNATURE: *[Signature]* *Susanlyn Fish* X 4/9/04 X 727-560-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #