

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90459 013 \*\*\*150.00

**DOCUMENT # P02000101281**

1. Entity Name

PERSONAL SHOWOFFS, INC.



Principal Place of Business

9815 GINGER DRIVE  
RIVERVIEW FL 33569

Mailing Address

9815 GINGER DRIVE  
RIVERVIEW FL 33569

2. Principal Place of Business

1309 BELL SHOALS ROAD

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

4. FEI Number

54-2078274

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NANWANI, JACQUELINE  
9815 GINGER DRIVE  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

KAREN K. DENNIS

Street Address (P.O. Box Number is Not Acceptable)

1309 BELL SHOALS ROAD

City

BRANDON

FL

Zip Code

33511

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

*Karen K. Dennis* Karen K. Dennis  
KAREN (NOTE: Registered Agent signature required when reinstating)

3/26/04  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME NANWANI, JACQUELINE  
STREET ADDRESS 9815 GINGER DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☒ Delete  
NAME NANWANI, ANTHONY A  
STREET ADDRESS 9815 GINGER DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☒ Delete  
NAME NANWANI, LORRAINE S  
STREET ADDRESS 9815 GINGER DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIR ☐ Change ☒ Addition  
NAME KAREN K. DENNIS  
STREET ADDRESS 1309 BELL SHOALS RD  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen K. Dennis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04  
Date

813-928-7947  
Daytime Phone #