2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM ate

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DOCUMENT # P03000049554 1. Entity Name SHOWCASE HARDWOOD FLOORS, INC.						Secretary of St	
Principal Plac	ce of Business	Mailing Address		1			
305 THIRD PORT ST JO	STREET E, FL 32456	305 THIRD STREET PORT ST JOE, FL 32456					
·							
DO NOT WRITE IN THIS SPA			CE	04182005	No Chg-P	CR2E034 (10/03)	
				4. FEI Numb	33651	Applied For Not Applicable \$8.75 Additional	
	C. Name and Address - C. C A. D.	-1-4		5. Certificate	e of Status Desired	Fee Required	
	6. Name and Address of Current Re	distried Agent					
	BRENDA E D STREET		DO	NOT W	RITE		
PORT ST JOE, FL 32456			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 DYENGU & CIUTY Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when						4/26/05 DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTH, JAMES H III 305 THIRD STREET PORT ST JOE, FL 32456				Haaaa	2240200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTH, BRENDA E 305 THIRD STREET PORT ST JOE, FL 32456				05/02/05-	0348736 -80037-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. JAMES, ANDREW R 305 THIRD STREET PORT ST JOE, FL 32456			DO	NOT W	RITE	
NAME STREET AODRESS CHY-ST-ZIP	ET ADDRES, LAYTON E 305 THIRD STREET			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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:

SIGNATURE: