

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90001 041 \*\*\*150.00

<b>DOCUMENT # P03000089938</b> 1. Entity Name <b>SHOW ME FLORIDA REALTY, INC.</b>			
Principal Place of Business <b>4055 TAMiami TRAIL A-1 PORT CHARLOTTE, FL 33952 US</b>		Mailing Address <b>152 CHELSEA CT., NW PORT CHARLOTTE, FL 33948 US</b>	
2. Principal Place of Business <b>4040 TAMiami Trail</b> Suite, Apt. #, etc. <b>B</b>		3. Mailing Address <b>150 Chelsea Ct. NW</b> Suite, Apt. #, etc. 	
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>	
Zip <b>33952</b>		Zip <b>33948</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>42-1603068</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PRES GIGUERE, SYLVANNE S 150 CHELSEA CT. N.W. PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sylvanne S. Giguere</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1-4-04</b> 941743-9991 <small>Daytime Phone #</small>	

**50000162**



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