

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90427 046 ***150.00

DOCUMENT # P05000101893

1. Entity Name
SHOWTIME CLASSIC CARS, INC.



Principal Place of Business
**679 SNUG ISLAND
CLEARWATER, FL 33767**

Mailing Address
**679 SNUG ISLAND
CLEARWATER, FL 33767**

50018179



2. Principal Place of Business

3. Mailing Address

04212006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3190210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLEK, RICHARD A
1992 BONNIE CT
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name

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

6137 ROCKROCKS AVE

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Richard A. Bolek

RICHARD A. BOLEK

4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE **P** ☒ Delete
NAME **RYAN, JACKA**
STREET ADDRESS **679 SNUG ISLAND**
CITY- ST- ZIP **CLEARWATER, FL 33767**

TITLE **V** ☒ Delete
NAME **LEE, BRENDA L**
STREET ADDRESS **679 SNUG ISLAND**
CITY- ST- ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 **President** ☒ Change ☐ Addition
NAME **Brenda Lee-clark**
STREET ADDRESS **679 SNUG ISLAND**
CITY- ST- ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

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 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: *Brenda Lee-Clark* **Brenda Lee-Clark**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 727-639-2859
Date Daytime Phone #