

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 035 ***150.00

DOCUMENT # P06000149828

1. Entity Name

SHOWROOM PROMOTIONS ENTERPRISES INC



Principal Place of Business

157 LAGOON DRIVE
FORT MYERS FL 33905
US

Mailing Address

P.O. BOX 50190
FORT MYERS FL 33994
US



2. Principal Place of Business - No P.O. Box #

420 Evans Ave

Suite, Apt. #, etc.

3. Mailing Address

420 Evans Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Interlachen FL

Zip

32148

Country

US

City & State

Interlachen FL

Zip

32148

Country

US

4. FEI Number

77 0646 511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISCHITELLI, MICHAEL P
157 LAGOON DRIVE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name Michael Mischitelli

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

420 Evans Ave

City Interlachen

FL

Zip Code

32148

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

3/6/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	T	<input type="checkbox"/> Delete
NAME	MISCHITELLI, MICHAEL P	
STREET ADDRESS	157 LAGOON DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOLTEDO, ROBERT	
STREET ADDRESS	8047 126TH LANE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSS, SEAN	
STREET ADDRESS	3226 ELIZABETH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURL, SANDRA	
STREET ADDRESS	157 LAGOON DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	CON	<input type="checkbox"/> Delete
NAME	MISCHITELLI, VINCENT	
STREET ADDRESS	5318 S.W. 16TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	MKD	<input type="checkbox"/> Delete
NAME	PHAYRE, JOHN	
STREET ADDRESS	4434 GALAWAY DR.	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Mischitelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Mischitelli 3/6/08

Date

Daytime Phone

239 272 2755