

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109318

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SHOWCASE DESIGNS FRANCHISE CORPORATION

**Current Principal Place of Business:**

900 NORTH COCOANUT AVE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

5053 OCEAN BLVD. # 141  
SARASOTA, FL 34242 US

**New Mailing Address:**

FEI Number: 32-0216693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GLISSON, BLANDA  
4912 PEACEABLE WAY  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GLISSON, BLANDA  
Address: 4912 PEACEABLE WAY  
City-St-Zip: SARASOTA, FL 34242 US

Title: VP D ( ) Delete  
Name: DELOACH, CAROL  
Address: 10404 SANDPIPER RD. WEST  
City-St-Zip: BRADENTON, FL 34209 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANDA GLISSON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date