

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050124

FILED
Jun 22, 2009
Secretary of State

Entity Name: SHOWTIME AUTO DETAILING SERVICES, INC

Current Principal Place of Business:

1401 NINE MILE RD.
LABELLE, FL 33935

New Principal Place of Business:

15757 TREASURE ISLAND LANE
FORT MYERS, FL 33905

Current Mailing Address:

1401 NINE MILE RD.
LABELLE, FL 33935

New Mailing Address:

15757 TREASURE ISLAND LANE
FORT MYERS, FL 33905

FEI Number: 26-2551534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGADISH, WESLEY A.
Address: 1401 NINE MILE RD.
City-St-Zip: LABELLE, FL 33935

Title: VSTD () Delete
Name: HAGADISH, KATHERINE C.
Address: 1401 NINE MILE RD.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAGADISH, WESLEY A.
Address: 15757 TREASURE ISLAND LANE
City-St-Zip: FORT MYERS, FL 33905

Title: VSTD (X) Change () Addition
Name: HAGADISH, KATHERINE C.
Address: 15757 TREASURE ISLAND LANE
City-St-Zip: FORT MYERS, FL 33905

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: WESLEY A. HAGADISH

PD

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date