

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073076

Entity Name: SHOWFORCE, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1437 ORANGE ST.
CLEARWATER, FL 33756

New Principal Place of Business:

11449 CYPRESS RESERVE DR.
TAMPA, FL 33626

Current Mailing Address:

1437 ORANGE ST.
CLEARWATER, FL 33756

New Mailing Address:

11449 CYPRESS RESERVE DR.
TAMPA, FL 33626

FEI Number: 26-3120470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMINO, MICHAEL
3515 ALT 19 N STE B
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

LAYTON, MIKE K
11449 CYPRESS RESERVE DR.
TAMPA, FL 33626 US

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: MIKE K LAYTON

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LAYTON, MIKE
Address: 1437 ORANGE ST.
City-St-Zip: CLEARWATER, FL 33756

Title: DVP () Delete
Name: BAYNORD, RICK
Address: 6743 13TH ST N
City-St-Zip: ST PETE, FL 33756

Title: DS () Delete
Name: CARDWELL, TRACY
Address: 4630 83RD AVE N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LAYTON, MIKE K
Address: 11449 CYPRESS RESERVE DR.
City-St-Zip: TAMPA, FL 33626

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: MIKE K LAYTON

DPT

01/19/2009

Electronic Signature of Signing Officer or Director

Date