## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P20627 1. Entity Name

REITHOFFER SHOWS, INC.

Principal Place of Business

9022 WIGGINS RD GIBSONTON, FL 33534 US Mailing Address

B.G. STEPHENSON LTD. 4157 CHAIN BRIDGE ROAD FAIRFAX, VA 22030 US FILED

O4 MAY -3 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	52-0690094

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			•			
PENSON, ALBERT, CRAIG 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308			DO NOT WRITE IN THIS SPACE			
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.						
StGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REITHOFFER, P.E. III 19468 CAMP LANE JUPITER, FL 33478		900036195679 05/12/0401037005 **150.00			
NAME STREET ADDRESS CITY-ST-ZIP	REITHOFFER, RICHARD H. 9022 WIGGINS RD. GIBSONTON, FL. 33534, 33534		·	Ar		
NAME STREET ADDRESS CITY-ST-ZIP-	S REITHOFFER, MARIANNE 9022 WIGGINS RD. GIBSONTON: FE:: 33534, 33534		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITHOFFER, P.E. JR. 154 MONTEREY WAY ROYAL PALM BCH, FL 33411		IN THIS SPACE			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D REITHOFFER, BETTE A. 154 MONTEREY WAY ROYAL PALM BCH, FL 33411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICEROR DIRECTOR

4/21/04

103-591-2410