

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90447 004 ***150.00

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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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-0690094	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PENSON, ALBERT CRAIG 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REITHOFFER, P.E. III 19468 CAMP LANE JUPITER, FL 33478	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REITHOFFER, RICHARD H. 9022 WIGGINS RD. GIBSONTON, FL. 33534, 33534	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REITHOFFER, MARIANNE 9022 WIGGINS RD. GIBSONTON, FL. 33534, 33534	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITHOFFER, P.E. JR. 154 MONTEREY WAY ROYAL PALM BCH, FL 33411	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITHOFFER, BETTE A. 154 MONTEREY WAY ROYAL PALM BCH, FL 33411	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: P.E. Reithoffer III, President - P.E. Reithoffer, III, 4/19/06 561-707-7120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					