

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P32390**

1. Entity Name  
**SHOWCASE PUBLICATIONS, INC.**



Principal Place of Business

P.O. BOX 491  
TOMS RIVER, NJ 08754

Mailing Address

P.O. BOX 491  
TOMS RIVER, NJ 08754



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-2240478**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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.

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**

TITLE	PD
NAME	DRAPER, ROBERT N.
STREET ADDRESS	40 IRONS STREET
CITY-ST-ZIP	TOMS RIVER, NJ
TITLE	VST
NAME	HALUCHA, DONALD F.
STREET ADDRESS	40 IRONS STREET
CITY-ST-ZIP	TOMS RIVER, NJ
TITLE	D
NAME	HALUCHA, DONALD F.
STREET ADDRESS	40 IRONS STREET
CITY-ST-ZIP	TOMS RIVER, NJ
TITLE	V
NAME	MCDERMOTT, JOHN
STREET ADDRESS	40 IRONS STREET
CITY-ST-ZIP	TOMS RIVER, NJ
TITLE	V
NAME	HALUCHA, ROBERT
STREET ADDRESS	40 IRONS STREET
CITY-ST-ZIP	TOMS RIVER, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000384633  
01/17/06-80023-020 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John McDermott** 1-6-05 732 349 1134

Date

Daytime Phone #