

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 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**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

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, 2007 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-STATE-ZIP	TOMS RIVER, NJ
TITLE	VST
NAME	HALUCHA, DONALD F.
STREET ADDRESS	40 IRONS STREET
CITY-STATE-ZIP	TOMS RIVER, NJ
TITLE	D
NAME	HALUCHA, DONALD F.
STREET ADDRESS	40 IRONS STREET
CITY-STATE-ZIP	TOMS RIVER, NJ
TITLE	V
NAME	MCDERMOTT, JOHN
STREET ADDRESS	40 IRONS STREET
CITY-STATE-ZIP	TOMS RIVER, NJ
TITLE	V
NAME	HALUCHA, ROBERT
STREET ADDRESS	40 IRONS STREET
CITY-STATE-ZIP	TOMS RIVER, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000599322
01/25/07-80024-001 158.75

**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:

John McDermott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McDermott VP 1-18-07

Date

Daytime Phone #

732 349 1134