

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 039 ***150.00

DOCUMENT # P93000069079

1. Entity Name
SHOWCASE INTERIORS, INC.



Principal Place of Business

1264 MARKET CIRCLE
UNIT 2-5
PORT CHARLOTTE, FL 33953

Mailing Address

1264 MARKET CIRCLE
UNIT 2-5
PORT CHARLOTTE, FL 33953

60000734



2. Principal Place of Business - No P.O. Box #

1264 MARKET CIRCLE

3. Mailing Address

1264 MARKET CIRCLE

Suite, Apt. #, etc.

UNIT #2

Suite, Apt. #, etc.

UNIT #2

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

USA

Zip

33953

Country

USA

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0442203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILEMAN, GARY T
1107 W. MARION AVE
SUITE 112
PUNTA GORDA, FL 33950

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, 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 P ☐ Delete
NAME SCHOTT, DWAIN
STREET ADDRESS 26445 DEEP CREEK BLVD.
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 fee empowered.

SIGNATURE: Dwain C. Schott DWAIN C. Schott 1/5/07 941-743-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #