


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P93000086792 1. Entity Name SHOWPLACE, INC. |  |
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| Principal Place of Business 750 FLORIDA CENTRAL PKY. SUITE 100 LONGWOOD, FL 32750 US | Mailing Address 750 FLORIDA CENTRAL PKY SUITE 100 LONGWOOD, FL 32750 US |
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01032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3222611 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent SHIPLEY, GUY 750 FLORIDA CENTRAL PKY SUITE 100 LONGWOOD, FL 32750 |
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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 NAME STREET ADDRESS CITY-ST-ZIP | P SHIPLEY, GUY P 30211 ISLAND CLUB DR. TAVARES, FL 32778 |
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01/16/07-80053-021 150.00

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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

1/4/06 **407-831-4333**
Date Daytime Phone #