


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000034658**  
1. Entity Name  
**PROPERTY SHOWCASE, INC.**



Principal Place of Business  
**760 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763**

Mailing Address  
**760 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763**



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3380223** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DONLEY, PATRICIA L  
760 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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 BARRY, CHARLES M 674 BLACK IRONWOOD DR. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARRY, VIRGINIA L 674 BLACK IRONWOOD DR. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILTON, GLENN T 2687 FLOWING WELL ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAFFER, PAUL A 305 E INTERNATIONAL SPDWY BLVD #2-201 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000787122  
07/06/07-80001-014 550.00

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 807, 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:** Glenn T. Milton **Glenn T. MILTON** 7/02/07 386-775-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #