## 2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT

DOCUMENT # P96000048629

1. Entity Name

FLORIDA SHOWCASE PROPERTIES, INC.



**FILED** Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

2476 NORTH ESSEX AVENUE HERNANDO, FL 34442

Mailing Address

2476 NORTH ESSEX AVENUE HERNANDO, FL 34442



03162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3381624

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D 2476 N ESSEX AVENUE HERNANDO EL 34442

## DO NOT WRITE

HERMANDO, LE OTTE			IN THIS SPACE		
	named entity submits this statement for the patient of registered agent.	purpose of changing its registered off	fice or registered agent, or b	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE Signature, typed or pointed name of registered agent and ritle if applicable (NOTE, Registered			t signature required when reinstating)	CATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000493925 04/20/06-80024-025 150.00	
10.	OFFICERS AND DIRECTORS				
TITLE MAME STREET ADDRESS CITY-ST-ZIP	STD PASTOR, JOHN E 2476 N ESSEX AVENUE HERNANDO, FL 34442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, BARRY J 2476 NORTH ESSEX AVENUE HERNANDO, FL 34442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CUTY-ST-TIP					

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 appears, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-746-6060