

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000052816

1. Entity Name
LEHIGH SHOWCASE PROPERTIES, INC.



**FILED
Mar 19, 2008 8:00 am
Secretary of State**

03-19-2008 90029 001 ***150.00



01152008 Chg-P CR2E034 (12/06)

Principal Place of Business
25 HOMESTEAD ROAD NO
STE 11
LEHIGH ACRES, FL 33936 US

Mailing Address
25 HOMESTEAD ROAD NO
STE 11
LEHIGH ACRES, FL 33936 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0689388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, JOHN M
8911 DANIELS PKWY
UNIT 6
FORT MYERS, FL 33912

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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME BOROSCH, CONCEPCION M
STREET ADDRESS 25 HOMESTEAD ROAD NORTH, #11
CITY-ST-ZIP LEHIGH, FL 33936

Delete

TITLE V
NAME MORSE, JACK
STREET ADDRESS 25 HOMESTEAD RD, NORTH SUITE 11
CITY-ST-ZIP LEHIGH ACRES, FL 33936

Delete

TITLE ST
NAME GOERTZ, HILDEGARD
STREET ADDRESS 1323 CORDOVA AVE
CITY-ST-ZIP FORT MYERS, FL 33901

Delete

TITLE V
NAME BOROSCH, EUGEN K
STREET ADDRESS 25 HOMESTEAD RD, NORTH, SUITE 11
CITY-ST-ZIP LEHIGH ACRES, FL 33936

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Borosch, Concepcion M.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Concepcion M. Borosch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 239/368-6080
Date Daytime Phone #