


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90039 029 \*\*\*150.00

**DOCUMENT # P97000043863**

1. Entity Name  
**SHOW CAR INTERIORS, INC.**



Principal Place of Business  
**1945 SUNSET PT RD  
 CLEARWATER, FL 33765**

Mailing Address  
**1945 SUNSET PT RD  
 CLEARWATER, FL 33765**

**94013472**

2. Principal Place of Business  
**1705 N HERCULES AVE**

3. Mailing Address  
**1705 N. HERCULES AVE**

Suite, Apt. #, etc.



01092004 Chg-P CR2E034 (10/03)

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

Zip  
**33765**

Country  
**PINELLAS**

Zip  
**33765**

Country  
**PINELLAS**

4. FEI Number  
**59-3453552**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEIDENREICH, EDWARD A  
 1945 SUNSET PT RD  
 CLEARWATER, FL 33765**

**1705 N. HERCULES AVE.**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HEIDENREICH, EDWARD A</b>	
STREET ADDRESS	<b>1945 SUNSET FT. RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33765</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CROSS, TOMMY W</b>	
STREET ADDRESS	<b>1945 SUNSET FT. RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1705 N. HERCULES AVE.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1705 N. HERCULES AVE.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Cross **727 - 461-6112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #