


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90075 005 ***150.00

DOCUMENT # P98000014429 1. Entity Name SHOWTIME KEYBOARDS, INC.					
Principal Place of Business 3327 NORTH HIGHWAY 441 FRUITLAND PARK, FL 34731				Mailing Address 3327 NORTH HIGHWAY 441 FRUITLAND PARK, FL 34731	
2. Principal Place of Business 718 S. Highway 441		3. Mailing Address 718 S. Hwy 441			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lady Lake, FL		City & State Lady Lake, FL		4. FEI Number 59-3492730	
Zip 32159		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CARTER, PAUL J 314 EAST PRIMROSE LANE LADY LAKE, FL 32159				7. Name and Address of New Registered Agent Name Carter, Paul J. Street Address (P.O. Box Number is Not Acceptable) 373 Carriage Lane City Lady Lake FL Zip Code 32159	
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 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CARTER, PAUL J STREET ADDRESS 314 E PRIMROSE LANE CITY-ST-ZIP LADY LAKE, FL 32159	<input type="checkbox"/> Delete		TITLE P NAME Carter, Paul J. STREET ADDRESS 373 Carriage Lane CITY-ST-ZIP Lady Lake, FL 32159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CARTER, JUDY STREET ADDRESS 4408 C.R. 504 CITY-ST-ZIP WILDWOOD, FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CARTER, LISA A STREET ADDRESS 202 N PALM AVENUE CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737	<input checked="" type="checkbox"/> Delete		TITLE S NAME Bryan, Amy C. STREET ADDRESS 8400 SW 146 Place CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Amy C. Bryan, Sec.</u>			4-13-04 352-751-1088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		