

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 044 ***150.00

DOCUMENT # P98000089667

1. Entity Name
SHOWTIME ENTERPRISES, INC.



Principal Place of Business
2030 S.W. 71ST AVE
D-10
DAVIE, FL 33317

Mailing Address
2030 S.W. 71ST AVE
D-10
DAVIE, FL 33317

94050437

2. Principal Place of Business
9640 Boggly Creek Road
Suite, Apt. #, etc.
Bldg B #3

3. Mailing Address
9640 Boggly Creek Road
Suite, Apt. #, etc.
Bldg B #3

City & State
Orlando FL

City & State
Orlando FL

Zip
32824

Country
USA

Zip
32824

Country
USA

03222004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0873060

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAINES, DARLENE K
2030 S.W. 71ST AVENUE
D-10
DAVIE, FL 33317

7. Name and Address of New Registered Agent

Name **Haines, Darlene K**
Street Address (P.O. Box Number is Not Acceptable)
9640 Boggly Creek Road
Bldg. B #3
City **Orlando** **FL** Zip Code **32824**

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 *Darlene K Haines*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-04

DATE

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 **D** ☐ Delete
NAME **HAINES, DARLENE K**
STREET ADDRESS **2030 SW 71 AVE #D-10**
CITY-ST-ZIP **DAVIE, FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Haines, Darlene K**
STREET ADDRESS **9640 Boggly Creek Road Bldg B #3**
CITY-ST-ZIP **Orlando FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Darlene K Haines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 954-434-1837

Date

Daytime Phone #