

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000004488 1. Entity Name SHOWCASES TO GO, INC.	
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Principal Place of Business 1255 BELLE AVE #126 WINTER SPRINGS, FL 32708	Mailing Address 1255 BELLE AVE #126 WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3552606	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FIELD, GALE
3293 S ST LUCIE DR
CASSELBERRY, FL 32707

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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 reinstalling)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELD, GALE 3293 S ST LUCIE DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELD, DONNA 3293 S ST LUCIE DR CASSELBERRY, FL 32707
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04/26/04-80125-006 150.00

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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: Hale Field 4/22/04 407-696-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #