



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 A
Secretary of State

DOCUMENT # P99000026050 1. Entity Name SHOWCASE POOL PLASTERING INC.	
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Principal Place of Business 2631 ZELIGRO RD ALVA, FL 33920	Mailing Address 2631 ZELIGRO RD ALVA, FL 33920
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DO NOT WRITE IN THIS SPACE

	
08152006	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0906912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WERTIN, MATTHEW J 2631 ZELIGRO RD ALVA, FL 33920

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERTIN, MATTHEW J 2631 ZELIGRO RD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERTIN, MARIA 2631 ZELIGRO RD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000575052 08/23/06-80001-019 150.00</p> DO NOT WRITE IN THIS SPACE

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: Maria W 08/15/06 239 2747665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #