

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000059333

1. Entity Name
SHOW PALACE HOLDINGS, INC.



Principal Place of Business
**16128 US HWY 19
HUDSON, FL 34667**

Mailing Address
**16128 US HWY 19
HUDSON, FL 34667**



03082006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584465

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SESSA, NICHOLAS
16128 US HWY 19
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SESSA, NICHOLAS
STREET ADDRESS	7345 DOGWOOD CRESCENT
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	DST
NAME	SESSA, SALVATORE
STREET ADDRESS	10495 CASA GRANDE CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	1V
NAME	GRESACK, MARC
STREET ADDRESS	8 APPLE MANOR LANE
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	2V
NAME	GRESACK, DANIEL
STREET ADDRESS	8 APPLE MANOR LANE
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80063-005 150.00

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #