

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 014 ***150.00

DOCUMENT # P99000103156 1. Entity Name SHOWCASE GRANITE & MARBLE INC.			
Principal Place of Business 230 W. MARVIN AVE., STE. 112 LONGWOOD, FL 32750		Mailing Address 230 W. MARVIN AVE., STE. 112 LONGWOOD, FL 32750	
2. Principal Place of Business - No P.O. Box # 562 S. Ronald Reagan Blvd		3. Mailing Address 562 S. Ronald Reagan Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32750		Zip 32750	
Country USA		Country USA	
4. FEI Number 59-3610836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODINHO, AUGUSTA M 248 BALD EAGLE RUN LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 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 VS NAME GODINHO, AUGUSTA STREET ADDRESS 248 BALD EAGLE RUN CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT NAME GODINHO, ANSELMO STREET ADDRESS 248 BALD EAGLE RUN CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Augusta M Godinho</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-1-07 407-265-7448 Date Daytime Phone #	