

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # S04158

1. Entity Name
SHOW PALACE DINNER THEATRE, INC.



Principal Place of Business Mailing Address
16128 U.S. HIGHWAY 19 HUDSON, FL 34667 US



2. Principal Place of Business 3. Mailing Address

02122005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-3031647 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SESSA, SALVATORE
16128 U.S. HIGHWAY 19
HUDSON, FL 34667**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST ☐ Delete
NAME **SESSA, SALVATORE**
STREET ADDRESS **16128 U.S. HIGHWAY 19**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME **00000238375**
STREET ADDRESS **02/21/05-80096-016**
CITY-ST-ZIP **150.00**

TITLE DP ☐ Delete
NAME **SESSA, NICHOLAS**
STREET ADDRESS **16128 U.S. HIGHWAY 19**
CITY-ST-ZIP **HUDSON, FL 34667**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Salvatore Sessa* **SALVATORE SESSA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X2/17/05 7278637945
Date Daytime Phone #