


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S04158</b>		
1. Entity Name <b>SHOW PALACE DINNER THEATRE, INC.</b>		
Principal Place of Business <b>16128 U.S. HIGHWAY 19 HUDSON, FL 34667 US</b>	Mailing Address <b>16128 U.S. HIGHWAY 19 HUDSON, FL 34667 US</b>	



02022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3031647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SESSA, SALVATORE 16128 U.S. HIGHWAY 19 HUDSON, FL 34667</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SESSA, SALVATORE 16128 U.S. HIGHWAY 19 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SESSA, NICHOLAS 16128 U.S. HIGHWAY 19 HUDSON, FL 34667
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**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:**  **SALVATORE SESSA**  **2/21/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone