

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 SEP 15 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18278

1. Entity Name
DINETTE SHOWCASE AND MORE, INC.



Principal Place of Business
**PO BOX 6386
PENSACOLA, FL 32503 US**

Mailing Address
**PO BOX 6386
PENSACOLA, FL 32503 US**



09092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3110213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RHEA, WILLIAM H.
5586 N PALAFOX ST
PENSACOLA, FL 32503**

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RHEA, WILLIAM H.
STREET ADDRESS	3777 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	RHEA, DEBBIE J.
STREET ADDRESS	3777 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900059782439
09/20/05--01045--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50066883

V18278

9/9/05

This was a over look on
my part because our ^{location} Post office
has changed and moved and was
not reaper for a temporary time
Along with 2 Hurricanes our
office is still up side down
we still have hurricane damage
and is not completing up and
running but hope to get things
back and completely operating
in the near future.

Thank you
Doreen J. Beasly
Director of the
Dorchester County Courthouse