


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G33484 1. Entity Name H. B. SHOWE BUILDERS OF FLORIDA, INC.	
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Principal Place of Business 19321 US HWY 19 N #101 CLEARWATER, FL 33764	Mailing Address 19321 US HWY 19 N #101 CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1080045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, ALBERT D JR 19321 US HWY 19 N #101 CLEARWATER, FL 33764	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOWE, HTB 1225 DUBLIN RD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHOWE, HUGH B II 1225 DUBLIN RD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SHOWE, ANDREW E 1225 DUBLIN RD COLUMBUS, OH 53215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHOWE, KEVIN M 1225 DUBLIN RD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/14/05-80033-012-150.00

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 empowerments.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/7/05 614-481-8102 Day/Even Phone #