


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State


DOCUMENT # G33484

1. Entity Name
 H. B. SHOWE BUILDERS OF FLORIDA, INC.



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



01042008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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, H B 45 N 4TH ST SUITE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHOWE, HUGH B II 45 N 4TH ST SUITE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SHOWE, ANDREW E 45 N 4TH ST SUITE 200 COLUMBUS, OH 53215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHOWE, KEVIN M 45 N 4TH ST SUITE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11/18

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 01/18/08-80052-002 150.00

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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:  **1-9-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #