2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# 715901

Entity Name: SHOW FOLKS RETIREMENT VILLAGE, INC.

Current Principal Place of Business:

6915 RIVERVIEW DR.
GIBSONTON, FL 33534

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
GIBSONTON, FL 33534 US

New Mailing Address:

FEI Number: 23-7258087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCEWEN, DAVID B
100 FIRST AVE. SOUTH, STE 340
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RIMES, TERESA	
Address:	6915 RIVERVIEW DR	
City-St-Zip:	GIBSONTON, FL 33534	
Title:	SD	( ) Delete
Name:	GAGNE, ROLAND	
Address:	6915 RIVERVIEW DR	
City-St-Zip:	GIBSONTON, FL 33534	
Title:	TD	( ) Delete
Name:	DUVALL, PHYLLIS	
Address:	6915 RIVERVIEW DR	
City-St-Zip:	GIBSONTON, FL 33534	
Title:	VD	( ) Delete
Name:	SKRIVANIE, HELEN	
Address:	1511 RIVER DRIVE	
City-St-Zip:	RUSKIN, FL 33570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA L. RIMES PD 03/30/2005

Electronic Signature of Signing Officer or Director — Date