2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G33484

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

Principal Place of Business	Mailing Address
19321 US HWY 19 N #101 CLEARWATER, FL 33764	19321 US HWY 19 N #101 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1080045 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
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, 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	PD
NAME	SHOWE, H B
STREET ADDRESS	45 N 4TH ST SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VT
NAME	SHOWE, HUGH B II
STREET ADDRESS	45 N 4TH ST SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VAS
NAME	SHOWE, ANDREW E
STREET ADDRESS	45 N 4TH ST SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 53215
TITLE	VS
NAME	SHOWE, KEVIN M
STREET ADDRESS	45 N 4TH ST SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Andrew Showe 2-16-07 614-481-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #