


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N97000001017
1. Entity Name
HOUSING BY ST. LAURENCE, INC.



Principal Place of Business Mailing Address
1717 E FOWLER AVE 1717 E FOWLER AVE
TAMPA, FL 33612 US TAMPA, FL 33612 US

DO NOT WRITE IN THIS SPACE



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3440342 Not Applicable

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

6. Name and Address of Current Registered Agent
COUCH, THEODORE J SR
1717 E. FOWLER AVENUE
TAMPA, FL 33612

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT COUCH, THEODORE J SR 1717 E. FOWLER AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPITANO, JOSEPH 2004 DURHAM TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, LAURENCE REV. 5225 NORTH HIMES AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CROWDER, WILLIAM C 1717 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, ROBERT L (PETE) 2909 W. CHERRY TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, POLLY 5225 NORTH HIMES TAMPA, FL 33614

UD0000304854
04/14/05-80059-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *William C Crowder* *William C Crowder* 4-11-05 813-971-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #