

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26557

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SHOWE BUILDERS, INC.

**Current Principal Place of Business:**

45 N 4TH STREET  
SUITE 200  
COLUMBUS, OH 43215

**New Principal Place of Business:**

**Current Mailing Address:**

45 N 4TH STREET  
SUITE 200  
COLUMBUS, OH 43215

**New Mailing Address:**

FEI Number: 31-0746452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHOWE, H. BURKLEY  
Address: 2600 SLATE RUN  
City-St-Zip: COLUMBUS, OH

Title: VAS ( ) Delete  
Name: SHOWE, ANDREW  
Address: 5255 HAMPTON LANE  
City-St-Zip: COLUMBUS, OH 43220

Title: VSD ( ) Delete  
Name: SHOWE, KEVIN M.  
Address: 10272 OLENTANGY RIVER RD.  
City-St-Zip: POWELL, OH 43065

Title: VTD ( ) Delete  
Name: SHOWE, HUGH B., II  
Address: 45 N 4TH STREET SUITE 200  
City-St-Zip: COLUMBUS, OH 43215

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHOWE, H. BURKLEY  
Address: 2600 SLATE RUN  
City-St-Zip: COLUMBUS, OH 43221

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW SHOWE

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date