


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90281 001 \*\*\*150.00

**DOCUMENT # P97000014533**

1. Entity Name  
 ORLANDO BUILDERS SHOWCASE, INC.



Principal Place of Business  
 115 E. MARKS STREET  
 ORLANDO, FL 32803

Mailing Address  
 1770 FAIRVIEW SHORES  
 ORLANDO, FL 32804

**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3443552

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALPIN, MICHAEL  
 115 E. MARKS STREET  
 ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**

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, 2005 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	HALPIN, RICHARD D
STREET ADDRESS	1770 FAIRVIEW SHORES
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	STD
NAME	HALPIN, MARY E
STREET ADDRESS	1770 FAIRVIEW SHORES
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VD
NAME	HALPIN, MICHAEL H
STREET ADDRESS	918 ALBA
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05  
 Date Daytime Phone #