

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 198590	
1. Entity Name HOWARD FERTILIZER & CHEMICAL COMPANY, INC.	
Principal Place of Business 8306 S ORANGE AVE ORLANDO, FL 32809	Mailing Address P O BOX 628202 ORLANDO, FL 32862-8202



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0788131	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HOWARD JR, ROBERT M
5554 JESSAMINE LANE
ORLANDO, FL 32809**

**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 NAME STREET ADDRESS CITY-ST-ZIP	CS HOWARD JR, ROBERT M 5554 JESSAMINE LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, CHARLES 12461 TEAK CIRCLE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRABHORN, DANIEL D. 437 HARBOUR OAKS PT DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD JR., ROBERT M. 5554 JESSAMINE LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000240146
02/23/05-80019-017 150.00

**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)(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 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

Date

Daytime Phone #

Robert M. Howard Jr. *Dan Grabhorn* 2/4/05 407-855-1841