## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # M66441 THE HOWARD COMPANY OF THE SOUTHEAST, INC. Principal Place of Business Mailing Address 185 GRAND BLVD. 185 GRAND BLVD. SANDESTIN, FL 32550 US SANDESTIN, FL 32550 02072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2876462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWARD, KEITH J DO NOT WRITE 185 GRAND BLVD. SANDESTIN, FL 32550 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** HILE NAME HOWARD, J. KEITH 185 GRAND BLVD. STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 U00000927835 05/21/08-80005-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

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: \_\_

TITLE NAMÈ STREET ADDRESS CITY-ST-ZIP

2-13-08 (850)837-1884

FILED