## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000021744

1. Entity Name

HOWELL REALTY & ASSOCIATES, INC.



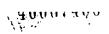
Principal Place of Business

P.O. BOX 897 MILTON, FL 32572 Mailing Address

1301 W. GARDEN ST PENSACOLA, FL 32501

## FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90159 012 \*\*\*150.00





DO NOT WRITE IN THIS SPACE

04192005	No Chg-P	CR2E034 (10/03)

4. FEI Number Applied For 59-3564038 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent---

BASS AND SANFORT ACCOUNTANTS 1301 W. GARDEN STREET PENSACOLA, FL 32501, ;

## DO NOT WRITE IN THIS SPACE

$\cdot$		
8. The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	COST. D.	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	n Campaign Financing \$5.00 May Be und Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE PSTD  NAME HOWELL, SHARON M  STREET ADDRESS  CITY-ST-ZIP  MILTON, FL 32572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE  :IAME  STREET ADDRESS  CITY-ST-ZIP		OT WRITE
TITLE NAME STREET AODRESS CITY- ST-ZIP	IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. Hereby certify that the information supplied with this filing does not a indicated on this copation applied with this filing does not a supplied with the suppli	qualify for the exemption stated in Section 119.07(3)(i), Fig.	orida Statutes. I further certify that the information

12. Thereby certify that the information supplied with this fainty does not quality for the exemption stated in Section 119.07(3)(d). 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 805-983-0014