FILED
Apr 13, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 452181

1. Entity Name
HOWELL PLUMBING, INC.

Principal Place of Business	Mailing Address
4970 SW 52ND ST BAY 309 DAVIE, FL 33314	4970 SW 52ND ST BAY 309 DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1573735
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAMBORELLI, ANTHONY
1493 SW 97 LANE
DAVIE, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	TAMBORELLI, ANTHONY
STREET ADDRESS	1493 SW 97 LANE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VP
NAME	KANGAS, TIMOTHY A
STREET ADDRESS	410 NW 214 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	S
NAME	WIELAND, ARLENE
STREET ADDRESS	7551-1 S. ARAGON BLVD.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Anthony Tamborelli April 8, 2005 954-581-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anthony Tamborelli