


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 017 ***150.00

DOCUMENT # 562574		
1. Entity Name HOWELL'S OFFICE MACHINES, INC.		

Principal Place of Business 218 N. MARION AVE. LAKE CITY, FL 32055-2845 US	Mailing Address 218 N. MARION AVE. LAKE CITY, FL 32055-2845 US
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2. Principal Place of Business 1310 S. Jefferson St.	3. Mailing Address P.O. Drawer 40
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04172006 Chg-P CR2E034 (11/05)

City & State Perry, FL	City & State Live Oak, FL
Zip 32348	Zip 32064
Country USA	Country USA

4. FEI Number 59-1845240	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWELL, WALTER L. 212 W. HOWARD STREET LIVE OAK, FL 32060	
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7. Name and Address of New Registered Agent Name Walter L. Howell Street Address (P.O. Box Number is Not Acceptable) 2838 C.R. 795 City Live Oak, FL Zip Code 32064	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT HOWELL, WALTER L. 212 W. HOWARD STREET LIVE OAK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWELL, CHARLENE M. 212 W. HOWARD STREET LIVE OAK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWEET, LISA H 212 W HOWARD ST LIVE OAK, FL 32060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, TAMMY H 212 W HOWARD ST LIVE OAK, FL 32060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Howell, Walter L. 2838 C.R. 795 Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Howell, Charlene K. 2838 C.R. 795 Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Sweet, Lisa H. 212 W HOWARD ST 2838 C.R. 795 Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Myers, Tammy H. 2838 C.R. 795 Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-17-06** **3863624406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #