## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 562574** 

Address:

City-St-Zip:

2838 CR 795

LIVE OAK, FL 32060

Entity Name: HOWELL'S OFFICE MACHINES INC.

FILED Apr 06, 2009 Secretary of State

| Littly Na   | ille. HOVVELES   | OFFICE WACHINES, INC.                                  |   |  |  |
|---|--|--|---|--|--|
| Current Principal Place of Business:                |  |  | New Principal Place                         | New Principal Place of Business:             |  |
| 1310 S JE<br>PERRY, F                               | FFERSON ST<br>L 32348 US                                       |  |   |  |  |
| Current Mailing Address:                            |  |  | New Mailing Address:                        |  |  |
| P.O. DRA\<br>LIVE OAK,                              | WER 40<br>, FL 32064 US  | 6  |   |  |  |
| FEI Number  | : 59-1845240   | FEI Number Applied For()                               | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:       |  |  | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| 2838 CR 7<br>LIVE OAK,<br>The above<br>in the State | , FL 32060 US<br>named entity sul<br>e of Florida.             |  | urpose of changing its registered           | d office or registered agent, or both,       |  |
| SIGNATU   |  | Oinmature of Demistered Asso                           |   | Dete   |  |
| Election Car  |  | Signature of Registered Age rust Fund Contribution (). | nt  | Date   |  |
| OFFICERS AND DIRECTORS:                             |  |  | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | T () DO<br>HOWELL, WALTE<br>2838 COUNTY RO<br>LIVE OAK, FL 320 | R L.<br>AD 795   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | PSD () DO<br>SWEET, LISA H<br>2616 CR 795<br>LIVE OAK, FL 320  |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:                                     | D () Do  |  | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LISA H. SWEET **PSD** 04/06/2009