


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 650807</b> 1. Entity Name HOWARD REALTY OF JAX., INC.	
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Principal Place of Business 2303 ROGERO ROAD JACKSONVILLE, FL 32211	Mailing Address 2303 ROGERO ROAD JACKSONVILLE, FL 32211
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01222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1967849	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

HOWARD, ROBERT L., JR 2303 ROGERO ROAD JACKSONVILLE, FL 32211
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWARD JR, ROBERT L 1344 ARLINGWOOD AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOWARD, MARY 1344 ARLINGWOOD AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000012384  
01/26/04-80008-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2204 264-744-900  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_