

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90046 039 \*\*\*150.00

**DOCUMENT # 650807**

1. Entity Name  
HOWARD REALTY OF JAX., INC.



Principal Place of Business  
2303 ROGERO ROAD  
JACKSONVILLE, FL 32211

Mailing Address  
2303 ROGERO ROAD  
JACKSONVILLE, FL 32211

40002262



01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

1344 ARLINGWOOD AVE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8877  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL.

City & State  
JACKSONVILLE FL.

4. FEI Number  
59-1967849

Applied For  
Not Applicable

Zip  
32211

Country  
DUVAL

Zip  
32211

Country  
DUVAL

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

6. Name and Address of Current Registered Agent

HOWARD, ROBERT L., JR  
2303 ROGERO ROAD  
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name  
HOWARD, ROBERT L., JR.  
Street Address (P.O. Box Number is Not Acceptable)  
1344 ARLINGWOOD AVE

City JACKSONVILLE FL Zip Code 32211

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

*Robert C. Howard*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

1-15-05  
DATE

**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 HOWARD JR, ROBERT L  
STREET ADDRESS 1344 ARLINGWOOD AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Delete

TITLE ST  
NAME HOWARD, MARY  
STREET ADDRESS 1344 ARLINGWOOD AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Robert C. Howard*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

904-724-6555