


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90036 019 ***150.00

DOCUMENT # 660779 1. Entity Name HOWELL BROTHERS, INCORPORATED					
Principal Place of Business RT 1 BOX 286 % DENNIS M. HOWELL BRANFORD, FL 32008 US			Mailing Address P.O. BOX 450 BRANFORD, FL 32008 US		
2. Principal Place of Business 222 S.E. C.A. HOWELL DR.		3. Mailing Address Suite, Apt. #, etc. % JANET KELLEY			
City & State BRANFORD, FL		City & State BRANFORD, FL		4. FEI Number 59-1995551	
Zip 32008		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, JANET RT 1 BOX 286 BRANFORD, FL 32008				7. Name and Address of New Registered Agent Name 222 S.E. C.A. HOWELL DR. Street Address (P.O. Box Number is Not Acceptable) 222 S.E. C.A. HOWELL DR. City FL Zip Code	
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"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, EVERETT A RT 1 BOX 284 BRANFORD, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HOWELL, BERNIS M. PO BOX 326 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, EDNA B RT 1 BOX 284 BRANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, DENNIS RT 1 BOX 288 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KELLEY, JANET PO BOX 288 BRANFORD, FL 32008	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ERNEST PO BOX 326 BRANFORD, FL 32008	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(l), 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: <u>Janet Howell Kelley, V.P., Secy</u> Date <u>2-6-2004</u>					