

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 026 \*\*\*150.00

**DOCUMENT # 660779**

1. Entity Name

HOWELL BROTHERS, INCORPORATED



Principal Place of Business

222 SE. CR HOWELL DR.  
% JANET KELLEY  
BRANFORD FL 32008  
US

Mailing Address

P.O. BOX 450  
BRANFORD FL 32008  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1995551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, JANET  
222 SE CA HOWELL DR.  
BRANFORD FL 32008

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, EDNA B	
STREET ADDRESS	195 SE CA HOWELL DR.	
CITY-ST-ZIP	BRANFORD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOWELL, DENNIS	
STREET ADDRESS	227 SE CA HOWELL DR.	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JANET	
STREET ADDRESS	PO BOX 288	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, ERNEST	
STREET ADDRESS	PO BOX 326	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTEN HOWELL	
STREET ADDRESS	222 SE CA HOWELL DRIVE	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN HOWELL	
STREET ADDRESS	5589 SW 40 ST.	
CITY-ST-ZIP	BELL, FL 32619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Christen Howell Treasurer* 03-28-05 386 590 4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #