


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 660779</b> 1. Entity Name <b>HOWELL BROTHERS, INCORPORATED</b>	
--	---

Principal Place of Business <b>222 SE. CR HOWELL DR. % JANET KELLEY BRANFORD, FL 32008 US</b>	Mailing Address <b>P.O. BOX 450 BRANFORD, FL 32008 US</b>
--	--



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1995551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KELLEY, JANET 222 SE CA HOWELL DR. BRANFORD, FL 32008</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and the if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

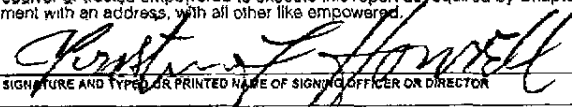
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1100000479493  
04/10/06-80005-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, EDNA B 195 SE CA HOWELL DR. BRANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, DENNIS 227 SE CA HOWELL DR. BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, CHRISTEN 222 SE LA HOWELL DRIVE BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, ALAN 5589 SW 40 ST BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **03-22-06 (386) 90 4337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #