

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 690942

1. Entity Name
HOWELL ALAFIA GROVES, INC.



Principal Place of Business
2503 TRAPNELL RD., E.
PLANT CITY, FL 33566

Mailing Address
2503 TRAPNELL RD., E.
PLANT CITY, FL 33566



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2102638

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWELL, DORIS T
2503 E. TRAPNELL RD.
PLANT CITY, FL

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWELL, DORIS T
STREET ADDRESS	2503 E. TRAPNELL RD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	V
NAME	HOWELL, LAWERENCE
STREET ADDRESS	2503 E TRAPNELL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	V
NAME	HOWELL, STEPHEN J
STREET ADDRESS	2503 E TRAPNELL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	S
NAME	ROBINSON, JULIE H.
STREET ADDRESS	2503 TRAPNELL ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	T
NAME	HOWELL, DORIS
STREET ADDRESS	2503 E TRAPNELL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80056-005 150.00

**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:

Julie H. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

Daytime Phone #