

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690942

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** HOWELL ALAFIA GROVES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2102638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOWELL, DORIS T  
Address: 2503 E. TRAPNELL RD  
City-St-Zip: PLANT CITY, FL 33566

Title: V  
Name: HOWELL, LAWERENCE  
Address: 2503 E TRAPNELL ROAD  
City-St-Zip: PLANT CITY, FL 33566

Title: V  
Name: HOWELL, STEPHEN J  
Address: 2503 E TRAPNELL ROAD  
City-St-Zip: PLANT CITY, FL 33566

Title: S  
Name: ROBINSON, JULIE H.  
Address: 2503 TRAPNELL ROAD  
City-St-Zip: PLANT CITY, FL

Title: T  
Name: HOWELL, DORIS  
Address: 2503 E TRAPNELL ROAD  
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS T HOWELL

DP

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date