

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90409 032 \*\*\*150.00

DOCUMENT # F01000003379

1. Entity Name  
HOWCO, INC.



Principal Place of Business Mailing Address  
~~11202 RICHFORD LANE~~ 6079 ROSSMOOR LAKES CT. ~~11202 RICHFORD LANE~~ SAME  
SPRING HILL, FL 34609  
BOYNTON BEACH, FL 33437

2. Principal Place of Business 6079 ROSSMOOR LAKES COURT  
3. Mailing Address 6079 ROSSMOOR LAKES COURT



04052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State BOYNTON BEACH FL City & State BOYNTON BEACH FL  
Zip 33437 Country USA Zip 33437 Country USA  
4. FEI Number 22-3392012 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, BARBARA  
~~11202 RICHFORD LANE~~ 6079 ROSSMOOR LAKES CT  
SPRING HILL, FL 34609 BOYNTON BEACH, FL 33437  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
6079 ROSSMOOR LAKES COURT  
City BOYNTON BEACH FL Zip Code 33437

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 *Philip Cohen - PARO* X 4/20/06  
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, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD COHEN, BARBARA <del>11202 RICHFORD LANE</del> 6079 ROSSMOOR LAKES CT SPRING HILL, FL BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6079 ROSSMOOR LAKES COURT BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 *Barbara Cohen* BARBARA COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/19/06 561 737 8050  
Date Daytime Phone #