2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005828

1. Entity Name
HOWARD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3225 PENDORF RD. LAUREL, MS 39441	PO BOX 1588 LAUREL, MS 39441

DO NOT WRITE IN THIS SPACE

05042007 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0466143
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HOWARD, BILLY W SR
STREET ADDRESS	PO BOX 1588
CITY-ST-ZIP	LAUREL, MS 39441
TITLE	PD
NAME	HOWARD, LINDA T
STREET ADDRESS	PO BOX 1588
CITY-ST-ZIP	LAUREL, MS
TITLE	SD
NAME	GILCHIRST, STEWART J
STREET ADDRESS	PO BOX 1588
CITY-ST-ZIP	LAUREL, MS
TITLE	V
NAME	HOWARD, STEVEN L
STREET ADDRESS	PO BOX 1588
CITY-ST-ZIP	LAUREL, MS
TITLE	D
NAME	BURTON, WILLIAM S
STREET ADDRESS	16 NORTHGATE DR
CITY-ST-ZIP	LAUREL, MS
TITLE	V
NAME	ARCHER, WILLIAM C
STREET ADDRESS	PO BOX 1590
CITY-ST-ZIP	LAUREL, MS

U00000763991
05/30/07-80037-023 150.00

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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: Judith Barnes Controller 5/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #