

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65265

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: HOWARD SERVICES, INC.

## Current Principal Place of Business:

1009 VINE ST.  
1009 VINE STREET  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

1009 VINE ST.  
P.O. BOX 5637  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 59-2157190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLBROOK, H LEON  
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR  
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: FRANK S. WILSON,  
Address: 1009 VINE STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: HOLBROOK, H LEON,  
Address: 2301 INDEPENDENT SQUARE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: WILSON, SCOTT W  
Address: 1009 VINE STREET  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK S WILSON

PTD

01/24/2008

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

\_\_\_\_\_  
Date