2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # G37725 1. Entity Name 03-21-2006 90049 026 ***150.00 HOWZE REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address 5406 26TH ST., W 5406 26TH ST., W **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-2286898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWZE, THOMAS A. Street Address (P.O. Box Number is Not Acceptable) 5406 26TH ST., W BRADENTON FL 34207 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Addition ☐ Delete TITLE HOWZE, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS 5406 26TH ST., W CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP Delete Change Addition TITLE ephens, Richard V 120 Southern Manor et. STEPHENS, RICHARD V NAME STREET ADDRESS 6623 BLUEWATER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ■ Addition Delete THE TITLE NAME NAME FERNANDÉZ, MARGARITA H STREET ADDRESS STREET ADDRESS 3205 6TH AVE CITY-ST-ZIP HOLMES BEACH FL 34217 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OFFICER OR DIRECTOR

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SIGNATURE:

FILED