2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2007 8:00 am DOCUMENT # G37725 **Secretary of State** 1. Entity Name 03-23-2007 90032 037 ***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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 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. 5406 26TH ST., W Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** Zip Code 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 Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Defete TITLE Addition HOWZE, THOMAS A NAMI NAME 5406 26TH ST., W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY+S1-ZIP DELE ☐ Delete BUE hens, Richard V 20 Southern Manor Ct. ☐ Addition STEPHENS, RICHARD V NAME NAME 420 SOUTHERN MANOR CT STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CHY-SI-ZIP CITY-S1-7IP asota, FC 34233 HILL Delete TITLE ☐ Change Addition FERNANDEZ, MARGARITA H NAME NAME 3205 6TH AVE STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP DIDE Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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.

HIGNING OFFICER OR DIRECTOR

SIGNATURE!

FILED