

2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-08-2004 90030 006 ***100.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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03042004 No Chg-P CR2E034 (10/03)

DOCUMENT # G67079

1. Entity Name
PROSSER HOWELLS, P.A.



Principal Place of Business
%TIMOTHY P. HOWELLS
11905 OAK TRAIL WAY
PORT RICHEY, FL 34668

Mailing Address
%TIMOTHY P. HOWELLS
11905 OAK TRAIL WAY
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2332579
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELLS, TIMOTHY P.
11905 OAK TRAIL WAY
PORT RICHEY, FL 33568

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWELLS, TIMOTHY P.
STREET ADDRESS	8943 WICKER LN
CITY-ST-ZIP	NEW PT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900031085539
03/24/04--01067--002 **50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Timothy P. Howells 3/4/04 727612-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #