

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67079

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: PROSSER HOWELLS, P.A.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

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

## New Mailing Address:

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

FEI Number: 59-2332579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWELLS, TIMOTHY P.  
11905 OAK TRAIL WAY  
PORT RICHEY, FL 33568 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: P ( ) Delete  
Name: HOWELLS, TIMOTHY P.,  
Address: 8943 WICKER LN  
City-St-Zip: NEW PT RICHEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOWELLS, TIMOTHY P.,  
Address: 8943 WICKER LN  
City-St-Zip: NEW PT RICHEY, FL 34654 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY P HOWELLS

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date