

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49549

Entity Name: W.B. HOWLAND CO., INC.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O LYN FLETCHER  
610 11TH ST.  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

W.B. HOWLAND CO INC  
PO BOX 700  
LIVE OAK, FL 32064 US

**New Mailing Address:**

FEI Number: 59-2920697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLETCHER, LYNDON M  
9044 141ST DR  
LIVE OAK, FL 32060 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: PD ( ) Delete  
Name: FLETCHER, LYNDON M  
Address: 9044 141ST DRIVE  
City-St-Zip: LIVE OAK, FL 32060

Title: VPTD ( ) Delete  
Name: HOWLAND, WILLIAM C  
Address: PO BOX 477  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM C HOWLAND

VPTD

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date