2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06429

City-St-Zip: BUNNELL, FL 32110

Entity Name: HOWELL HOMES, INC

FILED Feb 25, 2005 Secretary of State

Entity Nai	me: HOWEL	_ HOMES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2 PINE LA	KES PARKW	AY N.				
STE 1 PALM CO	AST, FL 3213	7 US				
Current Mailing Address:			New Maili	New Mailing Address:		
2 PINE LA	KES PARKW	AY N.				
STE 1 PALM COA	AST, FL 3213	7 US				
	: 59-2977527	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	MARVIN BERT AVE BEACH, FL (32136 US				
	e named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOWELL, MAI 1560 LAMBER		Title: Name: Address: City-St-Zip:	ı	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (ANDERSEN, T 33 PRINCE MI PALM COAST	CHAEL LANE	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLINS, FLO 124 AVALON A		Title: Name: Address: City-St-Zip:	COLLINS, FL 610 SOUTH 2	(X) Change()Addition .OYD J 23RD STREET EACH, FL 32136	
Title: Name: Address:	TD (BEMBRY, LOY PO BOX 2162		Title: Name: Address:	VD BEMBRY, LC PO BOX 216		

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.

City-St-Zip: BUNNELL, FL 32110

SIGNATURE: MARVIN H HOWELL PD 02/25/2005