

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06429

Entity Name: HOWELL HOMES, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2 PINE LAKES PARKWAY N.
STE 1
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

2 PINE LAKES PARKWAY N.
STE 1
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-2977527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, MARVIN
1560 LAMBERT AVE
FLAGLER BEACH, FL 32136 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: HOWELL, MARVIN H
Address: 1560 LAMBERT AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD () Delete
Name: COLLINS, FLOYD J
Address: 610 SOUTH 23RD STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD () Delete
Name: BEMBRY, LOYD C JR
Address: PO BOX 2162
City-St-Zip: BUNNELL, FL 32110

Title: SD () Delete
Name: HOWELL, CASSIE J
Address: 96 FRONTIER DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BROWN, CASSIE H
Address: 96 FRONTIER DRIVE
City-St-Zip: PALM COAST, FL 32137

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: CASSIE HOWELL BROWN

SD

01/07/2008

Electronic Signature of Signing Officer or Director

Date