



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90035 009 ***150.00

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|--|---|--|---|--|---|
| DOCUMENT # L31574 1. Entity Name RON HOWSE, P.A. | | | |  | |
| Principal Place of Business 1100 N. MAIN ST KISSIMMEE, FL 34744 | | | Mailing Address P.O. BOX 701323 ST. CLOUD, FL 34770 | | |
| 2. Principal Place of Business - No P.O. Box # 1100 NORTH MAIN ST | | 3. Mailing Address PO BOX 701323 | |  03062007 Chg-P CR2E034 (12/06) | |
| Suite, Apt. #, etc. Suite A | | Suite, Apt. #, etc. | | | |
| City & State Kissimmee, FL | | City & State ST CLOUD, FL | | | |
| Zip 34744 | | Zip 34770 | | | |
| Country US | | Country US | | 4. FEI Number 59-2979469 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HOWSE, RONALD S 1100 NORTH MAIN STREET SUITE B KISSIMMEE, FL 34744 | | | 7. Name and Address of New Registered Agent Name Howse, Ronald S. Street Address (P.O. Box Number is Not Acceptable) 1100 North Main St Suite A City Kissimmee FL Zip Code 34744 | | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HOWSE, RONALD S P.O. BOX 701323 ST. CLOUD, FL 34770 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT HOWSE, Ronald S PO BOX 701323 ST CLOUD, FL 34770 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4.20.07 Daytime Phone # 407.709.8000 | | |