

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90316 019 ***150.00

DOCUMENT # M27237

1. Entity Name
ANDERSON AND HOWELL, P.A.



Principal Place of Business
**2029 N 3RD STREET
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**2029 N 3RD STREET
JACKSONVILLE BEACH, FL 32250**

50037232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2644167

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, WARREN K. JR.
2029 N 3RD ST
JACKSONVILLE BEACH, FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ANDERSON, WARREN K. JR.**
STREET ADDRESS **2029 N. 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **V** ☐ Delete
NAME **HOWELL, KENNETH C.**
STREET ADDRESS **2029 N. 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **V** ☐ Delete
NAME **HOWELL, JAY C.**
STREET ADDRESS **2029 N. 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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, such as other like empowered.

SIGNATURE: *Kenneth C. Howell* **Kenneth C. Howell** **4-14-05** **(904) 247 1972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #