




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M99911 1. Entity Name HOWELL & HOWELL ASSOCIATES, INC.		
Principal Place of Business 3100 W HIGHWAY 98 PANAMA CITY, FL 32401	Mailing Address 3100 W HIGHWAY 98 PANAMA CITY, FL 32401	
DO NOT WRITE IN THIS SPACE		
 03292006 No Chg-P CR2E034 (11/05)		
4. FEI Number 58-2914352		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GENTRY, MARK C 1511 MICHIGAN AVENUE PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE
7. 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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENTRY, MARK C 1511 MICHIGAN AVE PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GENTRY, DONNA 1511 MICHIGAN AVE PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date: 3/30/05 Daytime Phone #: 850-785-8548