## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007122

Address:

City-St-Zip:

4837 ROCK SPRINGS RD

APOPKA, FL 32712

FILED Apr 29, 2009 Secretary of State

| 2001   |  | 0,00000, 12               | <b></b>             |   |  | ocorciary or oracc                     |  |
|--|--|---------------------------|---------------------|---|--|--|--|
| Entity Na  | me: HOW                                  | ARD KOYL MINI             | STRIES, INC.        |   |  | -                                      |  |
| Current Principal Place of Business:                 |  |                           |                     | New Princ                                   | New Principal Place of Business:             |  |  |
| 4837 ROC<br>APOPKA,                                  | K SPRING<br>FL 32712                     | SRD                       |                     |   |  |  |  |
| Current Mailing Address:                             |  |                           |                     | New Maili                                   | New Mailing Address:                         |  |  |
| 4837 ROC<br>APOPKA,                                  | K SPRING<br>FL 32712                     | SRD                       |                     |   |  |  |  |
| FEI Number: 87-0806637 FEI Number Applied For ( ) FE |  |                           | FEI Number Not Appl | icable ( )                                  | Certificate of Status Desired ( )            |  |  |
| Name and   | l Address o                              | of Current Regi           | stered Agent:       | Name and                                    | Address o                                    | f New Registered Agent:                |  |
| APOPKA, The above                                    | K SPRINGS<br>FL 32712                    | US<br>tity submits this s | statement for the p | ourpose of changing i                       | ts registered                                | d office or registered agent, or both, |  |
| SIGNATUI   | RE:                                      |                           |                     |   |  |  |  |
|  | Elec                                     | tronic Signature          | of Registered Age   | ent   |  | Date                                   |  |
| OFFICERS AND DIRECTORS:                              |  |                           |                     | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:          | D<br>KOYL, HOV<br>4837 ROCK<br>APOPKA, F | K SPRINGS RD              |                     | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:          | D<br>KOYL, SHA<br>4837 ROCK<br>APOPKA, F | K SPRINGS RD              |                     | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | ( ) Change ( ) Addition                |  |
| Title:<br>Name:                                      | D<br>PIERI, MAF                          | () Delete<br>RGARET       |                     | Title:<br>Name:                             |  | (X) Change()Addition<br>OD, MARGARET   |  |

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6501-1804 SHADY OAKS MANOR D

FORT WORTH, TX 76135

04/29/2009 SIGNATURE: HOWARD KOYL D