FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90029 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #: P00000061516

1. Entity Name
Howe PROPERTIES

Principal Place of Business
105-129 W-HS HWY 17-92
LONGWOOD FL. 32750

Mailing Address
160 CRYSTAL OAK DR
DELAND FL 32720

01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
593659212
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CHRISTOPHER Howe
160 CRYSTAL OAK DR.
DELAND FL. 32720

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHRISTOPHER Howe
STREET ADDRESS	160 CRYSTAL OAK DR.
CITY-ST-ZIP	DELAND FL 32720
TITLE	VP
NAME	Richard Howe
STREET ADDRESS	1765 STONE RD
CITY-ST-ZIP	DELAND FL. 32720
TITLE	T
NAME	SHIRLEY Howe
STREET ADDRESS	1765 STONE RD
CITY-ST-ZIP	DELAND FL. 32720.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 alphabetical designation if none.

SIGNATURE: _____ 1-15-05 3867178338
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #