


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000117993 1. Entity Name DALE HOWELL CO.							
Principal Place of Business 13026 COMPTON RD. LOXAHATCHEE, FL 33470		Mailing Address 13026 COMPTON RD. LOXAHATCHEE, FL 33470					
6. Name and Address of Current Registered Agent HOWELL, FRANKLIN D 13026 COMPTON RD. LOXAHATCHEE, FL 33470		<div style="text-align: right;"> 04092004 No Chg-P CR2E034 (10/03) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> 4. FEI Number 65-1158015 </td> <td style="padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-1158015	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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, 2004 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		U000000112705 04/14/04-80033-021 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, FRANKLIN D 13026 COMPTON RD. LOXAHATCHEE, FL 33470						
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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 with all other like empowered.							
SIGNATURE: <i>Dale Howell</i>		4/9/04 561-313-5381					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							