

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052774

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** HOWARD & SONS OF PORT ST. JOE, INC.

**Current Principal Place of Business:**

9526 CR30  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

LOT 7 TRADE WIND CIRCLE  
PORT ST JOE, FL 32456

**Current Mailing Address:**

P.O. BOX 250  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

167 HENSLEY LANE  
WEWAHITCHKA, FL 32465

**FEI Number:** 77-0591653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD, LAURIE  
7960 HWY 274 NW  
ALTHA, FL 32421 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOWARD, RONALD G  
Address: 7960 HWY 274 NW  
City-St-Zip: ALTHA, FL 32421

Title: DV  
Name: HOWARD, DAVID  
Address: 9526 CR30  
City-St-Zip: PORT ST JOE, FL 32456

Title: DS  
Name: HOWARD, LAURIE  
Address: 7960 HWY 274 NW  
City-St-Zip: ALTHA, FL 32421

Title: DT  
Name: HOWARD, JUSTIN LUKE  
Address: 7960 HWY 274 NW  
City-St-Zip: ALTHA, FL 32421

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE HOWARD

SECR

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date