

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90314 037 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000031017</b> 1. Entity Name <b>THE HOWZE GROUP, INC.</b>					
Principal Place of Business <b>1206 MANATEE AVENUE WEST BRADENTON FL 34205</b>			Mailing Address <b>1206 MANATEE AVENUE WEST BRADENTON FL 34205</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 578</b> Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL.</b>		City & State <b>SARASOTA, FL.</b>		4. FEI Number <b>65-6906947</b>	
Zip <b>34230</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HOWZE, JAMES A 1206 MANATEE AVENUE WEST BRADENTON FL 34205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
B. 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 <b>James A. Howze</b> <span style="margin-left: 100px;"><i>James A. Howze</i></span> <span style="float: right;"><b>4-28-04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D PST</b>	NAME <b>HOWZE, JAMES A</b>		TITLE <b>PST D</b>	NAME <b>Howze, James A</b>	
STREET ADDRESS <b>11020 BRISTOL BAY DRIVE #514</b>	CITY-ST-ZIP <b>BRADENTON FL 34209</b>		STREET ADDRESS <b>P.O. Box 578</b>	CITY-ST-ZIP <b>SARASOTA, FL 34230</b>	
TITLE <b>D Howze, James A</b>	NAME <b>P.O. Box 578</b>		TITLE <b>Howze, James A</b>	NAME <b>P.O. Box 578</b>	
STREET ADDRESS <b>SARASOTA, FL 34230</b>	CITY-ST-ZIP <b>SARASOTA, FL 34230</b>		STREET ADDRESS <b>SARASOTA, FL</b>	CITY-ST-ZIP <b>34230</b>	
TITLE <b>NAME</b>			TITLE <b>NAME</b>		
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
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STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
TITLE <b>NAME</b>			TITLE <b>NAME</b>		
STREET ADDRESS <b>CITY-ST-ZIP</b>			STREET ADDRESS <b>CITY-ST-ZIP</b>		
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: <b>James A. Howze</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-26-04 941-704-9821</b> <small>Date Daytime Phone #</small>		