

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90219 004 \*\*\*150.00

<b>DOCUMENT # P03000033925</b>	
1. Entity Name <b>HOWE AUTO FINANCIAL SERVICES, INC.</b>	



Principal Place of Business <b>448 INGLEWOOD DRIVE PALM SPRINGS, FL 33461</b>	Mailing Address <b>P O BOX 22523 WEST PALM BEACH, FL 33461</b>
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**50052031**

2. Principal Place of Business		3. Mailing Address <b>448 INGLEWOOD DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PALM SPRINGS, FL 33461</b>	
Zip	Country	Zip	Country

05062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0514119</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C.R. COOPER, CPA PA 1495 FOREST HILL BLVD. STE. B WEST PALM BEACH, FL 33406</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HOWE, THEADORE E 448 INGLEWOOD DR PALM SPRINGS, FL 33461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *[Signature]* **Date** 5-13-05 **Daytime Phone #** \_\_\_\_\_

ASSIGNMENT  
50052031  
**C.R. COOPER, CPA, PA**  
1495 FOREST HILL BLVD STE B  
WEST PALM BEACH, FLORIDA 33406

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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May 6, 2005

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Taxpayer: HOWE AUTO FINANCIAL SERVICES, INC

FEIN: 03-0514119

Document #: P03000033925

Tax Form: UBR

Tax Period: 2005

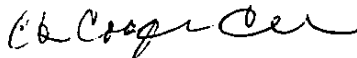
To Whom It May Concern:

We have enclosed check #            in the amount of \$150.00 for the 2005 Annual Report  
Renewal of HOWE AUTO FINANCIAL SERVICES, INC, Document# P03000033925.

Please abate the penalty as Mr. Howe did not receive the original 2005 UBR. The  
corporation is newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any  
further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc