2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State
05-05-2004 90223 011 ***150.00

DOCUMENT # P03000056317

1. Entity Name
DAVID HOWELL, INC.

66428249

Principal Place of Business	Mailing Address
7285 BROADMOOR DR APT 5 NEW PORT RICHEY, FL 34653	7285 BROADMOOR DR APT 5 NEW PORT RICHEY, FL 34653

04092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8311 CLOVER HILL LOOP	8311 CLOVER HILL LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON FL	City & State: HUDSON FL
Zip: 34667 Country: US	Zip: 34667 Country: US

4. FEI Number: 56-2364610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWELL, DAVID 7285 BROADMOOR DR APT 5 NEW PORT RICHEY, FL 34653	Name Street Address (P.O. Box Number is Not Acceptable): 8311 CLOVER HILL LOOP City: HUDSON FL Zip Code: 34667

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: DAVID HOWELL 4-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS HOWELL, DAVID 7285 BROADMOOR DR APT 5 NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8311 CLOVER HILL LOOP HUDSON, FL 34667
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARD, JONATHAN D 9041 LIDO LN PORT RICHEY, FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARMAN, CURT 9041 LIDO LN PORT RICHEY, FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GIORDANO, ARTHUR F 7027 FLORESTATE DR HUDSON, FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: DAVID HOWELL 4-9-04 (727) 808-823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

~~66428249~~
830005637

56-2364610

Please NOTE I am
Only current Employe
Buss will close
12-20-04
Thank you [illegible]