

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90009 020 \*\*\*150.00

<b>DOCUMENT # P03000070435</b>					
<b>1. Entity Name</b> PROVAD, INC.					
<b>Principal Place of Business</b> 11905 OAK TRAIL WAY PORT RICHEY, FL 34668			<b>Mailing Address</b> 11905 OAK TRAIL WAY PORT RICHEY, FL 34668		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b> HOWELLS, TIMOTHY P 11905 OAK TRAIL WAY PORT RICHEY, FL 34668				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			\$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HOWELLS, TIMOTHY P <input type="checkbox"/> Delete 11905 OAK TRAIL WAY PORT RICHEY, FL 34668				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHRISTIN HOWELLS</b> <input type="checkbox"/> Delete 8943 WICKEN LANE NEW PORT RICHEY, FL 34664				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D. SHELLEY HOWELLS</b> <input type="checkbox"/> Delete 8943 WICKEN LANE NEW PORT RICHEY, FL 34664				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. DAVID R. SCHARDER</b> <input type="checkbox"/> Delete 11905 OAK TRAIL WAY PORT RICHEY FL 34668				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.</b>					
<b>SIGNATURE:</b> _____					
Signature and typed or printed name of signing officer or director					
Date					
Daytime Phone #					

66403479



02102004 Chg-P CR2E034 (10/03)

4. FEI Number 11-3693517 Applied For ☐ Not Applicable ☐

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