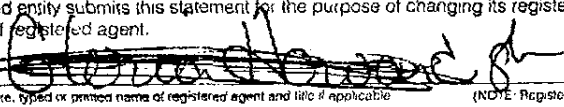
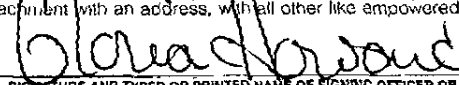


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000084377					
1. Entity Name F & G HOWARD INVESTMENTS, INC.					
Principal Place of Business 2912 E. ROBINSON RD. PLANT CITY FL 33565			Mailing Address 2912 E. ROBINSON RD. PLANT CITY FL 33565		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1179096	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, FRANK 2912 E. ROBINSON RD. PLANT CITY FL 33565				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 _____ (NOTE: Registered Agent signature required when revalidating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add	U000000492747	
NAME	HOWARD, FRANK	NAME		04/19/06-80077-012 150.00	
STREET ADDRESS	2912 E. ROBINSON RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	HOWARD, GLORIA	NAME			
STREET ADDRESS	2912 E. ROBINSON RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 

3-24-06