


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000112880
1. Entity Name
KEMPTON SHERMAN HOWLAND, JR., P.A.



Principal Place of Business Mailing Address
355 FALLING WATERS DRIVE 355 FALLING WATERS DRIVE
POINCIANA, FL 34759-5220 POINCIANA, FL 34759-5220

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FCI Number Applied For
20-0333760 Not Applicable

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

6. Name and Address of Current Registered Agent

HOWLAND, KEMPTON S JR
355 FALLING WATERS DRIVE
POINCIANA, FL 34759-5220

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IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000494793
04/20/06-00059-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HOWLAND, KEMPTON S JR 355 FALLING WATERS DRIVE POINCIANA, FL 347595220
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* Date: 4/3/06 Daytime Phone # _____