

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A.**  
**Secretary of State**

**DOCUMENT # P03000115491**

1. Entity Name  
R.D. HOWELL, INC.



Principal Place of Business  
2661 2ND AVENUE N.E.  
PALM BAY, FL 32905

Mailing Address  
2661 2ND AVENUE N.E.  
PALM BAY, FL 32905



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0353629

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HOWELL, ROLAND D  
2661 2ND AVENUE  
PALM BAY, FL 32905

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000830045  
04/22/08-80078-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOWELL, ROLAND D
STREET ADDRESS	2661 2ND AVENUE
CITY-STATE-ZIP	PALM BAY, FL 32905
TITLE	VP
NAME	HOWELL, HARRIET M
STREET ADDRESS	2661 2ND AVENUE
CITY-STATE-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
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:**

*Harriet Howell* **HARRET HOWELL**

**4-2-08**

**321-984-4445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #