2007 FOR PROFIT CORPORATION

FILED Apr 13, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000119940

1. Entity Name HOWARD'S L & G, INC.							04-13-2007 9	0184 009	130.	00
Principal Place of Business M			Mailing Address				-			
1400 AQUA VIEW LANE ENGLEWOOD, FL 34223			1400 AQUA VIEW LANE Englewood, FL 34223		٠					
					: 					
			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04092007	Chg-P	CR2E034	` -		
City & State			City & State			4. FEI Numb 06-171	•		No	plied For t Applicable
Zip	Country Country		Zip	Zip Country		5. Certificate	of Status Desired	□ \$.	8.75 Add	itional
	6. Name a	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
DUNKIN, DAVID A					Name					
170 WEST DEARBORN STREET ENGLEWOOD, FL 34223					Street Address (P.O. Box Number is Not Acceptable)					
l										
					City			FL	Zip Code)
	named entity tions of registe		or the purpose of changing it	s register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am far	niliar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered agen	and title if applicable. (NC	TE: Peg:stere	ed Agent signature required	d when reinstating)		DATE		
	ay 1, 2007	FEE IS \$150.00 Fee will be \$550.	<u> </u>	ntribution.	☐ Add	.00 May Be led to Fees				
10.	PD .			11.	7	ADDITIONS	CHANGES TO OFF			-
TITLE NAME	PD KOUZIS, L	5	☐ Delete	TITL				t	Change	☐ Addition
STREET ADDRESS	1	A VIEW LANE			EET ADDRESS					
CITY-ST-ZIP	ENGLEWO	OD, FL 34223	·····	CITY	r-ST-ZIP	•				
TITLE	STD	reoper.	☐ Delete	TITL				[Change	☐ Addition
NAME STREET ADDRESS	KOUZIS, G	A VIEW LANE		NAN STRI	eet address					
CITY-ST-ZIP	ENGLEWO	OOD, FL 34223		CITY	(-ST-ZIP					
TITLE	·		☐ Delete	TITL	r .					
NAME					.r			[☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				STR				[□ Change	Addition (
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CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE TITLE			□ Delete	STR CITY NAM STRIC TITL TITL TITL TITL TITL	AE EET ADDRESS /- ST- ZIP E EET ADDRESS /- ST- ZIP .E AE EET ADDRESS /- ST- ZIP .E EET ADDRESS /- ST- ZIP .E			[☐ Change	Addition
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Descriptions

Date

Descriptions

Date

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