


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 031 \*\*\*150.00

<b>DOCUMENT # P04000003220</b> 1. Entity Name <b>CHARLES HOWELL &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>1101 GULF BREEZE PKWY STE 313 GULF BREEZE, FL 32561</b>			Mailing Address <b>1101 GULF BREEZE PKWY STE 313 GULF BREEZE, FL 32561</b>		
2. Principal Place of Business <b>10119 Deercliff Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>10119 Deercliff Drive</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33647</b>	Country <b>USA</b>	Zip <b>33647</b>	Country <b>USA</b>		
4. FEI Number <b>20-0492709</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WELLS, GREGORY JAMES 1101 GULF BREEZE PKWY STE 313 GULF BREEZE, FL 32561</b>			7. Name and Address of New Registered Agent Name <b>Gregory James Wells</b> Street Address (P.O. Box Number is Not Acceptable) <b>10119 Deercliff Drive</b> <b>Tampa</b> <b>FL</b> Zip <b>33647</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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Gregory James Wells</b>  <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 20%; text-align: right;">           DATE _____         </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WELLS, GREGORY JAMES</b> <b>1101 GULF BREEZE PKWY STE 313</b> <b>GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Wells, Gregory James</b> <b>10119 Deercliff Drive</b> <b>Tampa, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the information 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: _____ <b>Gregory James Wells, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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