FILED
Mar 21, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003220

1. Entity Name
CHARLES HOWELL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10119 DEERCLIFF DR TAMPA, FL 33647	10119 DEERCLIFF DR TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

03052008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0492709

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLS, GREGORY JAMES
10119 DEERCLIFF DR
TAMPA, FL 33647

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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: Gregory J Wells President 3-4-08
(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

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04/07/08-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELLS, GREGORY JAMES
STREET ADDRESS	10119 DEERCLIFF DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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: Gregory J Wells President 3-4-09 800-916-0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #