$^{\circ}$ \checkmark 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000023407



FILED Jul 13, 2005 8:00 am Secretary of State

1. Entity Name HOWELL'S CONSTRUCTION CO., INC.							07-13-200:	5 90018 (007 ***15	58.75	
Principal Place of Business			Mailing Address			1					
5785 WILSON BLVD JACKSONVILLE, FL 32210			5785 WILSON BLVD JACKSONVILLE, FL 32210								
2. Principal Place of Business			3. Mailing Address								
Suita, Apt. #, atc.			Suita, Apt. #, etc.			02112005	Chg-P	CR2E	34 (10/03)		
City & State			City & State			4. FEI Number	SINSS	-17		oplied For of Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired Fee Required					
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New	Registered	Agent		
HOWELL,											
5785 WILSON BLVD JACKSONVILLE, FL 32210					Street Address ((P.O. Bax Numbe	r is Not Acceptab	!e)			
- 1/u					City FL Zip Code						
8. The above	named entity ions of r <u>egist</u>	y submits this statement t lered agent.	or the purpose of changing its	s registere	d office or registe	red agent, or both	n, in the State of F	lorida. I am	tamiliar with,	and accept	
_		Zni ILA	Josuph	1 P	Luon			7.1	4.05		
SIGNATURE_	Signature, typed	or printed name of registered ager			Agent eignature required	d when reinstating)		DATE			
		FEE IS \$150.00	9. Election Campa	aign Finan	~ _ ~~	.00 May Be					
	., .,	5 Fee will be \$550			Add	ded to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ded to Fees	CHANGES TO OF	FICERS AND			
10. TITLE NAME	PD		.00			ded to Fees	CHANGES TO OF	FICERS AND	DIRECTORS Change	S IN 11	
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12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turther 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 507, 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.

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STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14.05 904. 189.375

Daytme Phone #

Howell's Construction, Inc.

5785 Wilson Blvd. Jacksonville, FL 32210 Phone (904)384-3733 Fax (904) 384-3757

Florida Department of state Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 July 8, 2005

To whom it may concern:

I am sending back my application for my annual report for 2005 for our corporation. I originally mailed this dated February 14, 2005 as you see stated on the application. I do not know what happened to this but I am re applying now. If you would see fit to respond back to me in a letter letting me know this has been resolved. If you need to reach me my number is at the bottom of the application. Again I apologize for the delay and I thank you for your time in this matter.

Sincerely

Joseph Howell