2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 Al **DOCUMENT # P04000058297** Secretary of State 1. Entity Name HOWARD LEASING III, INC. Principal Place of Business Mailing Address 6302 MANATEE AVE W 6302 MANATEE AVE W **BRADENTON, FL 34209** 1IS BRADENTON, FL 34209 US 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1028464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOWARD, CHARLES J DO NOT WRITE 6302 MANATEE AVE W SUITE I IN THIS SPACE BRADENTON, FL 34209 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 remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOWARD, CHARLES NAME STREET ADDRESS 6302 MANATEE AVE WEST CITY-ST-ZIP BRADENTON, FL 34209 TITLE NAME. HOWARD, CHARLES J SR U00000833909 02/28/08-80031-014 158.75 STREET ADDRESS 6302 MANATEE AVENUE W, SUITE I COTY-ST-7/P BRADENTON, FL 34207 TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1171 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-14-20075 GY-

Daytime Phone #

FILED