## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AN
Secretary of State

Applied For Not Applicable

\$8.75 Additional

DOCUMENT # P0406  1. Entity Name HOWELL & SONS ENTERPE				Secretary
Principal Place of Business 7540 CORONET DRIVE SARASOTA, FL 34240	Mailing Address 7540 CORONET DRIVE SARASOTA, FL 34240			
DO NOT WI	03112008 4. FEI Numbe 20-134	CR2E034 (11/05)		

				3. Certificate	Fee Required	
	6. Name and Address of Current Regist	ered Agent				
HOWELL, LEO 7540 CORONET DR SARASOTA, FL 34240			DO NOT WRITE IN THIS SPACE			
the obligat	ions of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bot	th, in the State of Florida. Fam familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title is	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000940320 05/28/08-80062-002 150.00	
10.	OFFICERS AND DIREC	TORS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, LEO 7540 CORONET DR SARASOTA, FL 34240					
NAME STREET ADDRESS CITY-ST-ZIP			٠.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS					<del>-</del>	

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:** 

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-08

941-587-4693

Jale

Daytime Phone #