


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000156466**

1. Entity Name  
BRIAN P. HOWARD, P.A.



FILED  
07 SEP 20 PM 2: 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>1416 BAYTOWNE CIRCLE EAST<br>MIRAMAR BEACH, FL 32550 | Mailing Address<br>1416 BAYTOWNE CIRCLE EAST<br>MIRAMAR BEACH, FL 32550 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><i>565 Magnolia Lake Dr.</i><br>Suite, Apt. #, etc. | 3. Mailing Address<br><i>565 Magnolia Lake Dr.</i><br>Suite, Apt. #, etc. |
|---|---|

07252007 Chg-P CR2E034 (12/06)

|   |   |
|---|---|
| City & State<br><i>DeFuniak Springs, FL</i> | City & State<br><i>DeFuniak Springs, FL</i> |
| Zip<br><i>32433</i>                         | Zip<br><i>32433</i>                         |
| Country                                     | Country                                     |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-1890009 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

6. Name and Address of Current Registered Agent

CONGLETON, BRAD  
50 UPTOWN GRAYTON CIRCLE #15  
SANTA ROSA BEACH, FL 32459

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>P<br>NAME<br>HOWARD, BRIAN P<br>STREET ADDRESS<br><del>1416 BAYTOWNE CIRCLE EAST</del> <i>565 MAGNOLIA LAKE DRIVE</i><br>CITY-ST-ZIP<br><del>MIRAMAR BEACH, FL 32550</del> <i>DEFUNIAK SPRINGS FL 32433</i> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**  **BRIAN P. HOWARD** *9/15/07 858 384 2415*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #