Sent By: Larry Herring, CPA, PA; 407 647 6079; Jan-

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90090 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166606

1. Entity Name
HOWARD TRANSFER SERVICE, INC.

40063341

Principal Place of Business
~~3509 RACHEL STREET~~
~~APOPKA, FL 32703~~

Mailing Address
~~3509 RACHEL STREET~~
~~APOPKA, FL 32703~~

01192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
3845 CR 532 South
Suite, Apt. #, etc.
City & State: Bushnell, FL
Zip: 33513
Country:

3. Mailing Address
3845 CR 532 South
Suite, Apt. #, etc.
City & State: Bushnell, FL
Zip: 33513
Country:

4. FEI Number: 20-1990276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DEBORAH, HOWARD V
3509 RACHEL STREET
APOPKA, FL 32703

7. Name and Address of New Registered Agent
Name: DEBORAH V. HOWARD
Street Address (P.O. Box Number is Not Acceptable): 3845 CR 532 South
City: Bushnell FL Zip Code: 33513

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEBORAH, HOWARD V 3509 RACHEL STREET APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3845 CR 532 South Bushnell, FL 33513	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS, HOWARD 3509 RACHEL STREET APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3845 CR 532 South Bushnell, FL 33513	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Deborah V. Howard DEBORAH V. HOWARD PRES. 352-793-3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #