


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000005894 1. Entity Name HOWELL'S PHARMACY RELIEF SERVICES, INC	
---	---

Principal Place of Business 5333 WESLEYAN DRIVE PACE, FL 32571	Mailing Address 5333 WESLEYAN DRIVE PACE, FL 32571
--	--

DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2149268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWELL, MICHELLE K 5333 WESLEYAN DRIVE PACE, FL 32571	DO NOT WRITE IN THIS SPACE
--	-------------------------------

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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, MICHELLE K 5333 WESLEYAN DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, THOMAS M 5333 WESLEYAN DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000704766
04/23/07-80024-018 150.00

DO NOT WRITE
IN THIS SPACE

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: <u>Michelle K. Howell</u> President	Date: <u>4/11/07</u>	Daytime Phone #: <u>850-995-9303</u>
--	----------------------	--------------------------------------