

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000009137

1. Entity Name
ED HOWISON INC



Principal Place of Business
41100 OAK GROVE ROAD
WEIRSDALE, FL 32195

Mailing Address
41100 OAK GROVE ROAD
WEIRSDALE, FL 32195

FILED
Apr 11, 2008 08:00 AM
Secretary of State



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2159218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOWISON, ED
41100 OAK GROVE ROAD
WEIRSDALE, FL 32195

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000892322
04/23/08-80061-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWISON, ED
STREET ADDRESS	41100 OAK GROVE ROAD
CITY-ST-ZIP	WEIRSDALE, FL 32195

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-08 (352) 280.0602