


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90426 024 \*\*\*158.75

<b>DOCUMENT # P05000049691</b>	
1. Entity Name <b>HOWELL MANAGEMENT OF VOLUSIA COUNTY, INC.</b>	

Principal Place of Business <b>126 W VOORHIS AVE DELAND, FL 32720</b>	Mailing Address <b>126 W VOORHIS AVE DELAND, FL 32720</b>
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2. Principal Place of Business <b>2646 Hyacinth Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>2646 Hyacinth Rd</b> Suite, Apt. #, etc.
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04242006 Chg-P CR2E034 (11/05)

City & State <b>DeLand, Florida</b>	City & State <b>DeLand Florida</b>
Zip <b>32724</b>	Zip <b>32724</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2671670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HOWELL, DAVE 126 W VOORHIS AVE DELAND, FL 32720</b>	
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7. Name and Address of New Registered Agent Name <b>Howell, Dave</b> Street Address (P.O. Box Number is Not Acceptable) <b>2646 Hyacinth Road</b> City <b>DeLand</b> FL Zip Code <b>32724</b>	
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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 <b>Dave Howell</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>April 24, 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOWELL, DAVE 126 W VOORHIS AVE DELAND, FL 32720</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Howell, Dave 2646 Hyacinth Rd DeLand, FL 32724</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Address</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <b>Dave Howell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4/24/06</b> DAYTIME PHONE <b>386-801-1103</b>