


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 026 ***158.75

DOCUMENT # P05000049691			
1. Entity Name HOWELL MANAGEMENT OF VOLUSIA COUNTY, INC.			
Principal Place of Business 2646 HYACINTH RD DELAND, FL 32724		Mailing Address 2646 HYACINTH RD DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2671670		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOWELL, DAVE 2646 HYUACINTH RD DELAND, FL 32724		Name: <u>Howell, Dave</u> Street Address (P.O. Box Number is Not Acceptable): <u>2646 Hyacinth Road</u> City: <u>DeLand</u> FL Zip Code: <u>32724</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u>April 5, 2007</u> <small>(NOTE: Registered Agent signature required when dissolving)</small>	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DAVE 2646 HYDOINTH RD DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Howell, Dave</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2646 Hyacinth Rd</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>DeLand, FL 32724</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>(Address Correction)</i>
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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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 empowerments.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/5/07</u> Daytime Phone #: <u>386-801-1103</u>	