


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 004 ***150.00

| | |
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| DOCUMENT # P05000168435 1. Entity Name JUDITH A. HOWE, P.A. |  |
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| Principal Place of Business 1545 SOUTH BELCHER ROAD CLEARWATER, FL 33764 | Mailing Address 380 WOODLAWN AVE BELLEAIR, FL 33756 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 3755 Shore Blvd Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|---|--|
| City & State Oldsmar, FL | City & State Oldsmar, FL | 4. FEI Number 16-1744472 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34677 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



05082008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent GREEN, RICHARD D 1010 DREW STREET CLEARWATER, FL 33755 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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: Judith A. Howe DATE: 5/12/08

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

| | | |
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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|---------------------------------|---|--|---|
| TITLE | D/P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWE, JUDITH A | | NAME | | |
| STREET ADDRESS | 380 WOODLAWN AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BELLEAIR, FL 33756 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Judith A. Howe DATE: 5/12/08 PHONE: 727 510 7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40101797

#POS000168435

Division of Corporation

I have not received a card
and thought it was due on
~~the 15th of May so I called &~~
was instructed to do this.

Thank you,

I have been staying at
my fiancé's house at
~~3755 Shore Blvd -~~
Oldsmar FL 34677

Thanks
Judith A. Havel
727-510-7008