

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086067

Entity Name: BOB HOWARD REALTY, INC.

FILED
Aug 26, 2008
Secretary of State

Current Principal Place of Business:

3168 HIGHWAY 17 SOUTH SUITE B
ORANGE PARK, FL 32003

New Principal Place of Business:

1672 COUNTRY WALK DRIVE
FLEMING ISLAND, FL 32003

Current Mailing Address:

P O BOX 9480
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 51-0587565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, ROBERT M
1672 COUNTRY WALK DRIVE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOWARD, ROBERT M
Address: 3168 HIGHWAY 17 SOUTH SUITE B
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOWARD, ROBERT M
Address: 1672 COUNTRY WALKD DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. HOWARD

D

08/26/2008

Electronic Signature of Signing Officer or Director

_____ Date