FILED
May 01, 2007 8:00 am
Secretary of State

04-17-2007 90052 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/17

DOCUMENT # P06000115690

1. Entity Name
ANTHONY D. HOWERTON, INC.

Principal Place of Business	Mailing Address
3404 SW 24TH CT FT LAUDERDALE FL 33312	3404 SW 24TH CT FT LAUDERDALE FL 33312

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3676 E. Valley Green DR	3676 E. Valley Green DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL	City & State: Davie FL
Zip: 33328 Country: Broward	Zip: 33328 Country: Broward

4. FEI Number 205504324 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWERTON, ANTHONY D
3404 SW 24TH CT
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: Anthony D. Howerton
Street Address (P.O. Box Number is Not Acceptable): 3676 E Valley Green DR
City: Davie FL Zip Code: 33328

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 [signature] 4-9-07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P HOWERTON, ANTHONY D 3404 SW 24TH CT FT LAUDERDALE FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3676 E. Valley Green DR. Davie FL 33328
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 4-9-07 954-693-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #