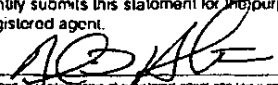


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

4/17

04-17-2007 90052 034 ***150.00

DOCUMENT # P06000115690					
1. Entity Name ANTHONY D. HOWERTON, INC.					
Principal Place of Business 3404 SW 24TH CT FT LAUDERDALE FL 33312			Mailing Address 3404 SW 24TH CT FT LAUDERDALE FL 33312		
2. Principal Place of Business - No P.O. Box # 3676 E. VALLEY GREEN DR Suite, Apt. #, etc.			3. Mailing Address 3676 E. VALLEY GREEN DR Suite, Apt. #, etc.		
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 205504324	
Zip 33328	Country Broward	Zip 33328	Country Broward	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:  DATE: 4-9-07					
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 \$5.00 May Be Trust Fund Contribution. ☐ 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	3676 E. VALLEY GREEN DR. DAVIE FL 33328	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
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: 			DATE: 4-9-07 OFFICE PHONE: 564-693-8699		