2004 FOR PROFIT CORPORATION

ANNUAL REPORT. **DOCUMENT # P93000006899** 1. Entity Name C. R. HOWELL, INC. Principal Place of Business Mailing Address 2775 TASHA DR 2775 TASHA DR. CLEARWATER, FL 33761 US CLEARWATER, FL 33761

FILED Jan 08, 2004 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number 59-2162778			Applied For
39-2102110	 		Not Applicable
S Certificate of Status Desired	\$8.7	5	Additional

Fee Required

5. Name and Address of Current Registered Agent BARNES, ROBERT L JR 2655 MCCORMICK DRIVE

CLEARWATER, FL 34619

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1-10-04

727-463-0251

Daytime Phone #

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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	lng 🏻	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		· · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CHRISTOPHER R 2775 TASHA DR CLEARWATER, FL 33761							
TITLE Name Street address City-St-Zip					//////////////////////////////////////			
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
12. I.hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Turther 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 eath; that I am an officer or director of the conporation 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 affigire like empowered.								