


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90316 018 \*\*\*150.00

<b>DOCUMENT # P93000037984</b>	
1. Entity Name <b>P. B. HOWELL, JR., P.A.</b>	

Principal Place of Business <b>POST OFFICE BOX 490208 LEESBURG FL 34749-0208</b>	Mailing Address <b>POST OFFICE BOX 490208 LEESBURG FL 34749-0208</b>
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2. Principal Place of Business <b>603 Gibson Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>603 Gibson Street</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>Leesburg, Florida</b>	City & State <b>Leesburg, Florida</b>
Zip <b>34748</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3182202</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HOWELL, P. B JR 1029 W MAGNOLIA ST LEESBURG FL 34748</b>	
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7. Name and Address of New Registered Agent Name <b>Howell, P.B. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>603 Gibson Street</b>  City <b>Leesburg</b> <b>FL</b> Zip Code <b>34748</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOWELL, P. B JR 603 GIBSON ST LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, ANNE B 603 GIBSON STREET LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, SHARON L 30932 CIRCLE DRIVE TAVARES FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	April 21, 2006 352-787-2111
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>P. B. Howell, Jr., PS</b>	<small>Date Daytime Phone #</small>