

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000037009

1. Entity Name
SOUTH HOWARD PARTNERS, INC.



Principal Place of Business
**3820 NORTHDAL BLVD.
SUITE 210B
TAMPA, FL 33624**

Mailing Address
**3820 NORTHDAL BLVD.
SUITE 210B
TAMPA, FL 33624**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3243075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEGUITI, FRED A
7235 NORTH MOBLEY ROAD
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEGUITI, FRED
STREET ADDRESS % 3820 NORTHDAL BLVD., STE. 210B
CITY-ST-ZIP TAMPA, FL

TITLE VD
NAME WATSON, KENNETH W
STREET ADDRESS 713 NEW YORK AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VD
NAME SEGUITI, FRANK A
STREET ADDRESS 204 SNOW BERRY CIRCLE
CITY-ST-ZIP VENETIA, PA 15367

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000457458
03/17/06-80005-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Fred Seguiti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06 813.768.7722
Date Daytime Phone #