

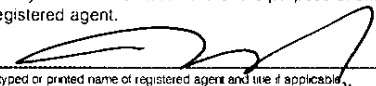
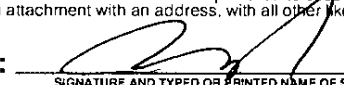


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90177 002 \*\*\*150.00

DOCUMENT # P94000054174					
1. Entity Name J. WESLEY HOWZE, JR., P.A.					
Principal Place of Business 2955 PINEDA CSWY 210 MELBOURNE, FL 32940 US			Mailing Address 2955 PINEDA CSWY 210 MELBOURNE, FL 32940 US		
2. Principal Place of Business <b>96 WILLARD ST.</b> Suite, Apt. #, etc. <b>#302</b> City & State <b>COCOA, FL</b> Zip <b>32922</b> Country <b>USA</b>		3. Mailing Address <b>96 WILLARD ST.</b> Suite, Apt. #, etc. <b>#302</b> City & State <b>COCOA, FL</b> Zip <b>32922</b> Country <b>USA</b>			
01272005 Chg-P CR2E034 (10/03)				4. FEI Number 59-3254892	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  HOWZE, J WESLEY JR 2955 PINEDA CSWY, #210 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>96 WILLARD ST, #302</b> City <b>COCOA</b> FL Zip Code <b>32922</b>		
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:  <b>J. WESLEY HOWZE, JR.</b> RA <b>2/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing: <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWZE, J WESLEY JR 2955 PINEDA CSWY, #210- MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>J. WESLEY HOWZE, JR.</b> <b>96 WILLARD ST., #302</b> <b>COCOA, FL 32922</b>	<input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:  <b>J. WESLEY HOWZE, Jr.</b> Dir. <b>2/18/05</b> (321)639-1320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					