

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 023 ***150.00

DOCUMENT # P96000077803	
1. Entity Name HOWARD TAX SERVICE, INC.	



Principal Place of Business 40 PINE VALLEY CIRCLE ORMOND BEACH, FL 32174	Mailing Address 40 PINE VALLEY CIRCLE ORMOND BEACH, FL 32174
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44013328



2. Principal Place of Business 8 BLOCKHOUSE CT Suite, Apt. #, etc.	3. Mailing Address 8 BLOCKHOUSE CT Suite, Apt. #, etc.
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01092004 Chg-P CR2E034 (10/03)

City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Zip 32174
Country Volusia	Country Volusia

4. FEI Number 59-3400277	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD, NANCY 40 PINE VALLEY CIRCLE 8 BLOCKHOUSE CT ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Nancy Howard (NANCY HOWARD) PRESIDENT</u>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PTD HOWARD, NANCY 40 PINE VALLEY CIRCLE ORMOND BEACH, FL 32174 <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
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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: <u>Nancy Howard (NANCY HOWARD)</u>	2/22/04 (386) 677-0823