

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 047 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # P96000091593 1. Entity Name HOWARD THOMAS CONSTRUCTION & SUPERVISION, INC. | | | |
| Principal Place of Business RT. 1, BOX 174 LAKE CITY, FL 32055 | | Mailing Address P.O. BOX 2647 LAKE CITY, FL 32056 | |
| 2. Principal Place of Business - No P.O. Box # 16578 N US Hwy 441 | | 3. Mailing Address 16578 N US Hwy 441 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State White Springs FL | | City & State White Springs FL | |
| Zip 32096 | | Zip 32096 | |
| Country | | Country | |
| 4. FEI Number 59-3418785 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMAS, HOWARD RT. 1 BOX 2647 LAKE CITY, FL 32055 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16578 N US Hwy 441 White Springs City FL Zip Code 32096 | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P THOMAS, HOWARD RT 1 BOX 174 LAKE CITY, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S THOMAS, PATRICIA RT 1 BOX 174 LAKE CITY, FL 32055 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V THOMAS, RUBEN RT 1 BOX 178 LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | TITLE P NAME STREET ADDRESS 16578 N US Hwy 441 CITY - ST - ZIP White Springs FL 32096 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| 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: | | 2-4-08 386) 252-1586 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |