


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90122 035 \*\*\*150.00

DOCUMENT # P97000039738					
1. Entity Name <b>KAREN HOWARD, INC.</b>					
Principal Place of Business <b>3809 LA VISTA CIRCLE 211 JACKSONVILLE, FL 32217 US</b>			Mailing Address <b>3809 LA VISTA CIRCLE 211 JACKSONVILLE, FL 32217 US</b>		
2. Principal Place of Business <b>1800-D GREEN SPRINGS CIR</b>		3. Mailing Address <b>1800-D GREEN SPRINGS CIRCLE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORANGE PARK FL</b>		City & State <b>ORANGE PARK FL</b>			
Zip <b>32003</b>		Country <b>USA</b>		Zip <b>32003</b>	
Country <b>USA</b>		4. FEI Number <b>59-3441866</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOWARD, KAREN F 3809 LA VISTA CIRCLE 211 JACKSONVILLE, FL 32217</b>			7. Name and Address of New Registered Agent Name <b>KAREN F. HOWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800-D GREEN SPRINGS CIRCLE</b> City <b>ORANGE PARK</b> FL Zip <b>32003</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: <i>Karen F. Howard</i> <b>KAREN F. HOWARD PRESIDENT</b> 3/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D HOWARD, KAREN F 3809 LA VISTA CIRCLE, #211 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN F. HOWARD 1800-D GREEN SPRINGS CIRCLE ORANGE PARK, FL 32003	<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
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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 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: <i>Karen F. Howard</i>			3/27/06 (904) 219-1080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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