


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90290 026 \*\*\*150.00

<b>DOCUMENT # P97000108795</b>	
1. Entity Name HOWELL GOODYEAR NEXT TRED, INC.	

Principal Place of Business 9911 OLD PALAFOX PENSACOLA, FL 32514	Mailing Address PO BOX 341 GONZALEZ, FL 32560 US
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3501203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOWELL, DAVID H  
9911 OLD PALAFOX  
PENSACOLA, FL 32514

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DAVID H 9911 OLD PALAFOX PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, DAVID H <del>1800 992 MILE RD.</del> 1800 9 1/2 mile Rd. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUNTER, PATRICIA 572 FILLY CT. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** David Howell 4-8-04 850-476-7026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #