

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000014596

1. Entity Name

HOWE ... TO BUY REAL ESTATE, INC.



Principal Place of Business

649 5TH AVE S
NAPLES FL 34102

Mailing Address

546 96TH AVENUE
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492538

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWE, BEVERLY J
546 96TH AVENUE
NAPLES FL 34108

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

Signature typed or printed name of registered agent and the filer applicable

If OFFICER Registered Agent's signature required when certifying

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HOWE, BEVERLY J
STREET ADDRESS 546 96TH AVENUE
CITY-ST-ZIP NAPLES FL 34108

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000825010
02/20/08-80101-018 150.00

TITLE V
NAME KIRKSEY, JEFFREY E
STREET ADDRESS 8 HILLPOND LANE
CITY-ST-ZIP NEWNAN GA 30265

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000825010
02/20/08-80101-019 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beverly J. Howe, President

2/6/08

800-283-7393

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #