

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 018 ***150.00

DOCUMENT # **P98000054784**

1. Entity Name

HOWES ASSOCIATES, INC.



Principal Place of Business

2227 MALLORY CIRCLE
HAINES CITY FL 33844

Mailing Address

2227 MALLORY CIRCLE
HAINES CITY FL 33844

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

3055 AVE T, NE

Suite, Apt. #, etc.

3. Mailing Address

3055 AVE T, NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

WINTER HAVEN

Zip

33881

Country

USA

Zip

33881

Country

USA

4. FEI Number

59-3537566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWES, LILY
2227 MALLORY CIRCLE
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name
LILY HOWES
Street Address (P.O. Box Number is Not Acceptable)
3055 AVE T, NE

City
WINTER HAVEN

FL

Zip Code
33881

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2/5/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSD
HOWES, DAVID W
2227 MALLORY CIRCLE
HAINES CITY FL 33844
☐ Delete
3055 AVE T, NE
WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VPTD
HOWES, LILY
2227 MALLORY CIRCLE
HAINES CITY FL 33844
☐ Delete
3055 AVE T NE
WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
- 33881 -
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

VPTD 2/5/07 299-2021