## .2008 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Apr 15, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P99000066537 1. Entity Name WILLIS R. HOWELL, INC. Principal Place of Business Mailing Address 4752 W ABELINE DRIVE 4752 W ABELINE DRIVE DUNNELLON, FL 34433 DUNNELLON, FL 34433 No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3621553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HOWELL, WILLIS R 4752 W ABELLINE DRIVE DUNNELLON, FL 34433 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HOWELL, WILLIS R NAME 4752 W ABELINE DR STREET ADDRESS DUNNELLON, FL 34433 CITY-ST-ZIP TITLE U00000898295 04/25/08-80082-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

**FILED** 

12. Thereby certify that the information supplied with this filling 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

ON A HOWELL SA HOWELL GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR