

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2006 08:00 AM  
Secretary of State

DOCUMENT # S92249

1. Entity Name  
HOWARD AND ASSOCIATES, ARCHITECTS, P.A.



Principal Place of Business  
3300 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 33609

Mailing Address  
3300 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 33609



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3099636

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWARD, HARRY J MR.  
3300 HENDERSON BLVD.  
SUITE 202  
TAMPA, FL 33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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  
DP  
HOWARD, HARRY J.  
3300 HENDERSON BLVD.  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11/00000390832  
01/24/06-80017-001 158.75

DO NOT WRITE  
IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/06 (813) 872-8881