


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 635681**  
 1. Entity Name  
**HORNER AND HORNER, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1155 PASADENA AVE. S.** \_\_\_\_\_ **1155 PASADENA AVE. S.**  
**PASADENA SQUARE** \_\_\_\_\_ **PASADENA SQUARE**  
**ST.PETERSBURG, FL 33707** \_\_\_\_\_ **ST.PETERSBURG, FL 33707**



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1936673** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HORNER, JACK**  
**5709 AUGUSTA CIRCLE**  
**SARASOTA, FL 34238**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Added to Fees.  Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORNER, JACK
STREET ADDRESS	5709 AUGUSTA CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
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	

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**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)(f), 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: Jack Horner **3-9-05** **727-344-2202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JACK HORNER**