

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P000001:10285

1. Entity Name
HORSLEY BOOKKEEPING, INC.



Principal Place of Business
11807 S.W. 48 CT.
COOPER CITY, FL 33330

Mailing Address
11807 S.W. 48 CT.
COOPER CITY, FL 33330



01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1056322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORSLEY, GARY D
11807 S.W. 48 CT.
COOPER CITY, FL 33330

**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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000102239
04/05/04-80007-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORSLEY, GARY D
STREET ADDRESS	11807 S.W. 48 CT.
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	HORSLEY, LORI S
STREET ADDRESS	11807 S.W. 48 CT.
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Gary Horsley - Gary Horsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 954.934.2742
Date Daytime Phone #