


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000000534**  
 1. Entity Name  
 ARTHUR A. HORTON INC.



Principal Place of Business      Mailing Address  
 97 RIVER ROAD                      97 RIVER ROAD  
 CANTON, CT 06019                  CANTON, CT 06019

**DO NOT WRITE IN THIS SPACE**



01162008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 06-0968190      Not Applicable

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

6. Name and Address of Current Registered Agent

HORTON, BARBARA A  
 2112 SPRINGWATER LANE  
 PORT ORANGE, FL 32128

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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, 2008 Fee will be \$550.00**

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

U00000803487  
 02/05/08-80028-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORTON, ARTHUR A
STREET ADDRESS	2112 SPINGWATER LANE
CITY-ST-ZIP	PORT ORANGE, FL 321287210
TITLE	VP
NAME	HORTON, WARREN A
STREET ADDRESS	9 FOX CROFT LANE
CITY-ST-ZIP	CANTON, CT 06019
TITLE	ST
NAME	HORTON, BARBARA
STREET ADDRESS	2112 SPRINGWATER LANE
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:       1/16/08      860-693-6388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #