

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 214789**

1. Entity Name  
**HORAN'S, INC.**



Principal Place of Business

**555 N KANSAS AVE  
DELAND, FL 32724 US**

Mailing Address

**P.O. BOX 1526  
DELAND, FL 32721 US**



01292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-0858839** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARD B. HORAN  
555 N. KANSAS AVENUE  
DELAND, FL 32724**

**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	VD
NAME	HORAN, RICHARD B
STREET ADDRESS	555 N. KANSAS AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	PD
NAME	ROBERT E. HORAN
STREET ADDRESS	1864 VINELAND LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	STD
NAME	JOHNSON, PATRICIA H.
STREET ADDRESS	3830 BRANTON DR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	HORAN, J DUANE
STREET ADDRESS	901 E. PENNSYLVANIA AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
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 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:

*Richard B. Horan* **Richard B. Horan**

**2-1-06**

**385-734-7622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #