

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 244508

1. Entity Name
EARL HORNE, INC.



Principal Place of Business
**1100 NORTH MAIN ST
JACKSONVILLE, FL 32206**

Mailing Address
**1100 NORTH MAIN ST
JACKSONVILLE, FL 32206**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0913769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORNE, WILLIAM E
1100 NORTH MAIN ST
JACKSONVILLE, FL 32206**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HORNE, WILLIAM E
STREET ADDRESS	1100 N. MAIN ST.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	HORNE, SUE
STREET ADDRESS	1100 N. MAIN ST.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HORNE JR., WILLIAM E, JR
STREET ADDRESS	1100 N. MAIN ST.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HORNE, ROBERT BRUCE
STREET ADDRESS	1100 N MAIN STREET
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HORNE, CYNTHIA SUE
STREET ADDRESS	1100 N MAIN STREET
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80046-023 150.00

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #