


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-08-2006 90297 006 ***150.00

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	
DO NOT WRITE IN THIS SPACE			
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: <u><i>Earl Horne</i></u> DATE: <u>4/26/04</u> <small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			
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: <u><i>Earl Horne</i></u>		Date: <u>4-26-04</u> Daytime Phone: <u></u>	

66021404



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0913769

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**