

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 345797

1. Entity Name
HORNERXPRESS-SOUTH FLORIDA, INC.



Principal Place of Business
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

Mailing Address
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1234469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KENT, WILLIAM A
5755 POWERLINE ROAD
FT. LAUDERDALE, FL 33309

**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	P
NAME	KENT, WILLIAM
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL.
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80025-010 150.00

**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: Craig Bolenbaugh **CRAIG BOLENBAUGH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/06 954772-6906
Date Daytime Phone #