


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 614317
 1. Entity Name
HOWARD TORN GENERAL CONTRACTOR, INC.



Principal Place of Business Mailing Address
 7501 US HWY 29N 7501 HWY 29N
 BROWN SUMMIT NC 27214 BROWN SUMMIT NC 27214
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-1910197 Not Applicable

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

6. Name and Address of Current Registered Agent
TORN, HOWARD
4210 NE 28TH AVE
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME TORN, DOUGLAS I.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7501 US HWY 29N	CITY-ST-ZIP BROWN SUMMIT NC 27214	STREET ADDRESS	CITY-ST-ZIP 04/08/05-80067-008 150.00
TITLE S <input type="checkbox"/> Delete	NAME MISHNER, LESLIE TORN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4400 NW 28TH AVE	CITY-ST-ZIP BOCA RATON FL 33432	STREET ADDRESS	CITY-ST-ZIP
TITLE DT <input type="checkbox"/> Delete	NAME DUFFY, DIANNE TORN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8006 SOUTHERLAND DRIVE	CITY-ST-ZIP BROWN SUMMIT NC 27214	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas Torna* *Douglas Torna* 4/4/05 336-656-7819
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #