

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90080 027 ***150.00

DOCUMENT # F01000003738

1. Entity Name

HORN CAPITAL REALTY, INC.



Principal Place of Business

1108 KANE CONCOURSE STE 201
BAY HARBOR ISLANDS FL 33154

Mailing Address

1108 KANE CONCOURSE STE 201
BAY HARBOR ISLANDS FL 33154

94038944



MOORE CR2E034 (11/03)

2. Principal Place of Business

1177 Kane Concourse

Suite, Apt. #, etc.

Suite 301

3. Mailing Address

1177 Kane Concourse

Suite, Apt. #, etc.

Suite 301

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORN, JONATHAN
1108 KANE CONCOURSE STE 201
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

HORN, Jonathan

Street Address (P.O. Box Number is Not Acceptable)

1177 Kane Concourse, Suite 301

City

Bay Harbor Islands

FL

Zip Code

33154

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] President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. 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

TITLE PSTD ☐ Delete
NAME HORN, JONATHAN S
STREET ADDRESS 1108 KANE CONCOURSE STE 201
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME HORN, Jonathan S
STREET ADDRESS 1177 Kane Concourse, Suite 301
CITY-ST-ZIP Bay Harbor Islands, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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)(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 #

[Signature] Jonathan Horn 3/23/04 305-864-2000