

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90002 038 ***150.00

DOCUMENT # F03000001955

1. Entity Name

HORN ENTERPRISES INC.



Principal Place of Business

**85 TURKEY RIDGE ROAD
RAGLAND FL 35131**

Mailing Address

**85 TURKEY RIDGE ROAD
RAGLAND FL 35131**

2. Principal Place of Business

10325 U.S. Hwy 231 So.
Suite, Apt. #, etc.

3. Mailing Address

10325 U.S. Hwy 231 So.
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

CROPWELL, AL.

City & State

CROPWELL, AL.

4. FEI Number

64-1143598

Applied For

Not Applicable

Zip

35054

Country

U.S.A.

Zip

35054

Country

U.S.A.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**C-T CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | HORN, HERBERT | |
| STREET ADDRESS | 85 TURKEY RIDGE ROAD | |
| CITY-ST-ZIP | RAGLAND FL 35131 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | HORN, PATRICIA | |
| STREET ADDRESS | 85 TURKEY RIDGE ROAD | |
| CITY-ST-ZIP | RAGLAND FL 35131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORN, HERBERT | |
| STREET ADDRESS | 10325 U.S. HWY 231 SO. | |
| CITY-ST-ZIP | CROPWELL, AL. 35054 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Herbert L. Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04

Date

205-814-1090

Daytime Phone #