2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000424

FARRAR, LARRY

1360 BENT CREEK DR

SOUTHLAKE, TX 76092

Name:

Address:

City-St-Zip:

Entity Name: HORN & ASSOCIATES, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3690 E. FT. UNION BLVD., SUITE 202 LAKE CITY, UT 84121				3690 E. FT. UNION BLVD., SUITE 202 SALT LAKE CITY, UT 84121	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
	T. UNION BLV Y, UT 84121	D., SUITE 202		3690 E. FT. UNION BLVD., SUITE 202 SALT LAKE CITY, UT 84121	
FEI Number	: 48-1299057	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
1200 S. PII PLANTATI The above		D. 4 US	urpose of changing its regist	ered office or registered agent, or both,	
	e of Florida.				
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
Election Car		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LOWERY, MIC 6107 CALLE C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LOWERY, GEI 6107 CALLE C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (HORN, THOMA 2960 E. LOST SANDY, UT 84	WOOD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DVP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS R HORN PRES 01/05/2006