

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F20491

1. Entity Name
IRON HORSE, INC.



Principal Place of Business
**545 NORTH PRK AVE
WINTER PRK, FL 32789 US**

Mailing Address
**545 NORTH PARK AVE
WINER PARK, FL 32789 US**



01272006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number
59-2064639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J. J
28100 US HWY. 19, NO.
SUITE 504
CLEARWATER, FL 34621**

**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 state 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

000000451661
03/10/06-80064-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, CRAIG S 545 NORTH PARK AVE WINTER PARK, FL
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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 S Martin* **CRAIG S. MARTIN** 2/25/2006 706-368-999A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #