


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2005 08:00 AM  
Secretary of State

DOCUMENT # F25488 1. Entity Name HORIZON REALTY OF ANNA MARIA, INC.	
---	---

Principal Place of Business 420 PINE AVE. P O BOX 155 ANNA MARIA, FL 34216	Mailing Address 420 PINE AVE. P O BOX 155 ANNA MARIA, FL 34216
---	---

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2232631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STEPHEN J. KRING 420 PINE AVE. PO BOX 155 ANN MARIA, FL 34216	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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)

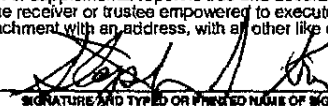
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000228972 02/12/05-80037-013 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRING, STEPHEN J. 309 BAY BLVD, NORTH ANNA MARIA, FL 33501,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KRING, STEPHEN J 309 BAY BLVD, NORTH ANNA MARIA, FL 33501,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  STEPHEN J. KRING 1-10-05 941 778 0426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #