2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 16, 2006 08:00 AN		
1. Entity Name	MENT # F56748 HORE CLUB, INC.				Secret	ary of State
Principal Place 200 VALENCI MAITLAND, FI	IA DR - 1	eilling Address PO BOX 1618 MAFTLAND, FL 32794 US				
D	O NOT WRITE II		CE	01162006 4. FEI Number 59-2759	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HICKLMAN, ANDRE' F 200 VALENCIA DR MAITLAND, FL 32751					NOT WI	
the obligati	named entity submits this statement for the ions of registered agent. Signature, speed or pointed name of registered agent and title E NOWILL FEE IS \$150.00	-	id Agent signature required		, in the State of Flor	ida. 1 am Iamiliar with, and accept
After Ma	ay 1, 2006 Fee will be \$550.00	170St Fairld Contribution.		eu IO F965		
10. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE PD HICKMAN, ANDRE' F 200 VALENICA DR MAITLAND, FL VTD WATERS, CANDACE H 200 VALENCIA DR MAITLAND, FL SD MILLER, HAROLD A 200 VALENCIA DR MAITLAND, FL	CTORS		DO	U000004 82/28/86~8 NOT WI	RITE
TITLE			1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 eath, 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:

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR