

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F68048	
1. Entity Name ROBERT HORNER PAINTING, WALL COVERING, WATERPROOFING, INC.	

Principal Place of Business 1725 S NOVA RD B-8 SOUTH DAYTONA FL 32119 US	Mailing Address P.O. BOX 4814 SO. DAYTONA FL 32121-4814 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E034 (10/05)
4. FEI Number 59-2178750	Applied For Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HORNER, ROBERT JAMES 5946 DORAVILLE DR PORT ORANGE FL 32119	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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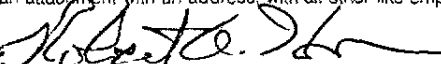
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, ROBERT JAMES 5946 DORAVILLE DR PORT ORANGE FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000512538~M 04/29/06-80097-002 150.00~M ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, TERESA M 138 B BLUE HERON DR SOUTH DAYTONA FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORNER, ROBERT JAMES 5946 DORAVILLE DR PORT ORANGE FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORNER, SUSAN JANE 5946 DORAVILLE DR PORT ORANGE FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, ROBERT AMBROSE 6076 SABAL HAMMOCK CIR PORT ORANGE FL 32128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Robert A. Horner VP 1-25-06 386-756-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #