

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2178750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNER, ROBERT JAMES
5946 DORAVILLE DR
PORT ORANGE FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	HORNER, ROBERT JAMES	
STREET ADDRESS	5946 DORAVILLE DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VP	☐ Delete
NAME	HORNER, TERESA M	
STREET ADDRESS	138 B BLUE HERON DR	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	S	☐ Delete
NAME	HORNER, ROBERT JAMES	
STREET ADDRESS	5946 DORAVILLE DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	T	☐ Delete
NAME	HORNER, SUSAN JANE	
STREET ADDRESS	5946 DORAVILLE DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VP	☐ Delete
NAME	HORNER, ROBERT AMBROSE	
STREET ADDRESS	6076 SABAL HAMMOCK CIR	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80020-002 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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