2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# F68048

Entity Name: ROBERT HORNER PAINTING, WALL COVERING, WATERPROOFING, INC.

Current Principal Place of Business:

1725 S NOVA RD
B-8
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4814
SO. DAYTONA, FL 321214814 US

New Mailing Address:

P.O. BOX 214814
SO. DAYTONA, FL 321214814 US

FEI Number: 59-2178750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNER, ROBERT JAMES
5946 DORAVILLE DR
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HORNER, ROBERT JAMES	
Address:	5946 DORAVILLE DR	
City-St-Zip:	PORT ORANGE, FL 32119	
Title:	VP	( ) Delete
Name:	HORNER, TERESA M	
Address:	138 B BLUE HERON DR	
City-St-Zip:	SOUTH DAYTONA, FL 32119	
Title:	S	( ) Delete
Name:	HORNER, ROBERT JAMES	
Address:	5946 DORAVILLE DR	
City-St-Zip:	PORT ORANGE, FL 32119	
Title:	T	( ) Delete
Name:	HORNER, SUSAN JANE	
Address:	5946 DORAVILLE DR	
City-St-Zip:	PORT ORANGE, FL 32119	
Title:	VP	( ) Delete
Name:	HORNER, ROBERT AMBROSE	
Address:	6076 SABAL HAMMOCK CIR	
City-St-Zip:	PORT ORANGE, FL 32128	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	HORNER, TERESA M	
Address:	138 D BLUE HERON DR	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. HORNER V.P. 06/24/2009
Electronic Signature of Signing Officer or Director Date