

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000300

1. Entity Name
DENNY HORN & ASSOCIATES, INC.



Principal Place of Business
**5000 ROYAL MARCO WAY
#536
MARCO ISLAND, FL 33937**

Mailing Address
**5000 ROYAL MARCO WAY
536
MARCO ISLAND, FL 34145 US**



DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
35-1857789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HORN, DENNY L
5000 ROYAL WAY
#536
MARCO ISLAND, FL 33937**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000109833
04/12/04-80058-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
HORN, DENNY L
500 ROYAL MARCO WAY, #536
MARCO ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HORN, DIANA K
500 ROYAL MARCO WAY, #536
MARCO ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HORN, DEREK K
5746 CENTRAL AVE.
INDIANAPOLIS, IN 462202508**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNIS, DENA L
12562 WATERSIDE DR.
ALPHARETTA, GA 30004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #