

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 039 ***150.00

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

50032314



2. Principal Place of Business

4624 Pond Apple Dr N
Suite, Apt. #, etc.

3. Mailing Address

4624 Pond Apple Dr N
Suite, Apt. #, etc.

03212005 Chg-P CR2E034 (10/03)

City & State

Naples FL

City & State

Naples FL

4. FEI Number

35-1857789

Applied For

Not Applicable

Zip

34119-8546

Country

US

Zip

34119-8546

Country

US

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

7. Name and Address of New Registered Agent

Name

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

4624 Pond Apple Dr N

City

Naples

FL

Zip Code

34119

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
NAME **Horn, Denny L**
STREET ADDRESS **4624 Pond Apple Dr. N.**
CITY-ST-ZIP **Naples FL 34119**

TITLE **STD** ☒ Change ☐ Addition
NAME **Horn, Diana K**
STREET ADDRESS **4624 Pond Apple Dr. N.**
CITY-ST-ZIP **Naples FL 34119**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Dennis L Horn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/05 239 5932
5592