


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000000300 1. Entity Name DENNY HORN & ASSOCIATES, INC.	
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Principal Place of Business 4624 POND APPLE DR. N. NAPLES, FL 34119-8546 US	Mailing Address 4624 POND APPLE DR. N. NAPLES, FL 34119-8546 US
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03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1857789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HORN, DENNY L 4624 POND APPLE DR. N. NAPLES, FL 34119-8546
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**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 *Denny L. Horn* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HORN, DENNY L 4624 POND APPLE DR. N. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HORN, DIANA K 4624 POND APPLE DR. N. NAPLES, FL 34119
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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04/04/07-80063-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Denny L. Horn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27 239-593-5592
Date Daytime Phone #