2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000000300

1. Entity Name
DENNY HORN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4624 POND APPLE DR. N. NAPLES, FL 34119-8546 US	4624 POND APPLE DR. N. NAPLES, FL 34119-8546 US

DO NOT WRITE IN THIS SPACE

03262008 No Chg-P CR2E034 (11/05)

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
4624 POND APPLE DR. N.
NAPLES, FL 34119-8546

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	HORN, DENNY L
STREET ADDRESS	4624 POND APPLE DR. N.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	STD
NAME	HORN, DIANA K
STREET ADDRESS	4624 POND APPLE DR. N.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	HORN, DEREK K
STREET ADDRESS	5746 CENTRAL AVE.
CITY-ST-ZIP	INDIANAPOLIS, IN 462202508
TITLE	D
NAME	DENNIS, DENA L
STREET ADDRESS	12562 WATERSIDE DR.
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/08-80097-009 150.00

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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: _____ 4/10/08 239 593 5589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #