


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H23506 1. Entity Name EARTHLINE, INC.	
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Principal Place of Business P O BOX 2007 HOBE SOUND, FL 33475-9007	Mailing Address P O BOX 2007 HOBE SOUND, FL 33475-9007
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02272005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HORTON, JOSEPH L 8930 SE CERES ST. HOBE SOUND, FL 33455

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SDT HORTON, SANDRA J 8930 SE CERES ST. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTON, JOSEPH L. 8930 SE CERES ST. HOBE SOUND, FL 33455
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03/09/05-80041-016 158.75

**DO NOT WRITE
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)(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: Joseph L Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 772 341-2104
Date Daytime Phone #