

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90085 040 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # L95618 1. Entity Name HORNER CONSULTING ENGINEERS, INC. | | | |  | |
| Principal Place of Business 5755 POWERLINE ROAD FT. LAUDERDALE, FL 33309 | | | Mailing Address 5755 POWERLINE ROAD FT. LAUDERDALE, FL 33309 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 65-0214783 | | | | 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 KENT, WILLIAM A 5755 POWERLINE RD FT LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KENT, WILLIAM A. 5755 POWERLINE RD FT. LAUDERDALE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CHISLING, GARY 5755 POWERLINE RD FT. LAUDERDALE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS KENT, GERA 5755 POWERLINE RD FT. LAUDERDALE, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>GARY CHISLING</u> 3-9-05 954-772-6966 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

40031861

L95618

2005 ANNUAL REPORT
ATTACHMENT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ ADDITION

TITLE: S
NAME: BOLENBAUGH, CRAIG
STREET ADDRESS: 5755 POWERLINE ROAD
CITY-ST-ZIP: FORT LAUDERDALE, FL-33309

☒ ADDITION

TITLE: V
NAME: RICE, JASON
STREET ADDRESS: 5755 POWERLINE ROAD
CITY-ST-ZIP: FORT LAUDERDALE, FL 33309