

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90050 044 \*\*\*150.00

**DOCUMENT # M88007**

1. Entity Name  
**HORNICK HOMES, INC.**



Principal Place of Business  
**4995 SAVONA DR.  
SEBRING, FL 33872 US**

Mailing Address  
**P O BOX 3304  
910 SEBRING SQ.  
SEBRING, FL 33871 US**

40041101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2902375**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORNICK, RAYMOND J  
4995 SAVONA DR.  
SEBRING, FL 33872**

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

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, 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 **P** ☐ Delete  
NAME **HORNICK, RAYMOND J.**  
STREET ADDRESS **4325 MENDAVIA DR**  
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Delete  
NAME **HORNICK, BRANDI J**  
STREET ADDRESS **4325 MENDAVIA DR**  
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VP** ☒ Delete  
NAME **HORNICK, JASON B**  
STREET ADDRESS **5034 ANGELO CIRCLE**  
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition  
NAME **Hornick, Raymond J.**  
STREET ADDRESS **4995 Savona Dr.**  
CITY-ST-ZIP **Sebring, FL 33872**

TITLE **V** ☒ Change ☐ Addition  
NAME **Hornick, Brandi J.**  
STREET ADDRESS **4995 Savona Dr.**  
CITY-ST-ZIP **Sebring, FL 33872**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Raymond Hornick** **2/29/08 (863) 382-3352**

Date

Daytime Phone #