

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 041 ***150.00

DOCUMENT # P00000078918

1. Entity Name
HORT KINGS, INC.



Principal Place of Business
3949 EVANS AVE #205
FORT MYERS, FL 33901

Mailing Address
3949 EVANS AVE #205
FORT MYERS, FL 33901

20041610



2. Principal Place of Business
3949 EVANS AVE
Suite, Apt. #, etc.
#403

3. Mailing Address
3949 EVANS AVE
Suite, Apt. #, etc.
#403

03242005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

4. FEI Number
65-1038925

Applied For
Not Applicable

Zip
33901

Country
U.S.A.

Zip
33901

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETOURNEAU, MICHAEL
3949 EVANS AVE #205
FORT MYERS, FL 33901

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

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 \$350.00

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
D
LETOURNEAU, MICHAEL
3949 EVANS AVE #205
FORT MYERS, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCCARLEY, PATRICK M
3949 EVANS AVE #205
FORT MYERS, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WALKER, WILLIAM C
3949 EVANS AVE #205
FORT MYERS, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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: M. Letourneau MICHAEL LETOURNEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 (239) 671-8164

Date

Daytime Phone #