
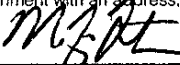


**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90195 032 \*\*\*150.00

<b>DOCUMENT # P00000078918</b>				<b>Secretary of State</b>	
1. Entity Name <b>HORT KINGS, INC.</b>				04-20-2006 90195 032 ***150.00	
Principal Place of Business <b>3949 EVANS AVE #205 FORT MYERS, FL 33901</b>		Mailing Address <b>3949 EVANS AVE #205 FORT MYERS, FL 33901</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1038925</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LETOURNEAU, MICHAEL 3949 EVANS AVE #205 FORT MYERS, FL 33901</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LETOURNEAU, MICHAEL</b>	NAME			
STREET ADDRESS	<b>3949 EVANS AVE #205</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCCARLEY, PATRICK M</b>	NAME			
STREET ADDRESS	<b>3949 EVANS AVE #205</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALKER, WILLIAM C</b>	NAME			
STREET ADDRESS	<b>3949 EVANS AVE #205</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		<b>MICHAEL J. LETOURNEAU 4-17-06 239 671-8164</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			