


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90031 030 ***150.00

DOCUMENT # P0000089550					
1. Entity Name HORACK, INC.					
Principal Place of Business 2660 JARVIS CIRCLE PALM HARBOR, FL 34683			Mailing Address 2660 JARVIS CIRCLE PALM HARBOR, FL 34683		
2. Principal Place of Business 2660 Jarvis Circle Suite, Apt. #, etc.		3. Mailing Address 2660 Jarvis Circle Suite, Apt. #, etc.		01272006 Chg-P CR2E034 (11/05)	
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 59-3668340	
Zip 34683		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent HOROCKI, MARIE 2660 JARVIS CIRCLE PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Ms. Marie Horocki Street Address (P.O. Box Number is Not Acceptable) 2660 Jarvis Circle City Palm Harbor FL Zip Code 34683		
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 Marie Horocki <i>Marie Horocki</i> 2/08/2006 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, 2006 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	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOROCKI, ZBIGNIEW			NAME	
STREET ADDRESS	2660 JARVIS CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683			CITY-ST-ZIP	
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOROCKI, MARIE			NAME	
STREET ADDRESS	2660 JARVIS CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683			CITY-ST-ZIP	
TITLE	ST	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOROCKI, CHRISTOPHER			NAME	
STREET ADDRESS	12726 TAR FLOWER			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33526			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Marie Horocki</i>			2/08/2006		727/ 738 - 8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT



40012471

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

HORACK, INC.
2660 JARVIS CIRCLE
PALM HARBOR, FL 34683

SUBJECT: HORACK, INC.
Ref. Number: P00000089550

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 706A00005898