


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 037 \*\*\*150.00

<b>DOCUMENT # P01000001970</b> 1. Entity Name HORUS CONSTRUCTION SERVICES, INC.	
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40017513

Principal Place of Business 2560 TROPICAL SHORES ST PETERSBURG, FL 33705	Mailing Address P.O. 10667 ST. PETERSBURG, FL 33733
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01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3675651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GRAHAM, SHARON M 2560 TROPICAL SHORES ST PETERSBURG, FL 33705	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAHAM, JONATHAN D P.O 10667 ST. PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRAHAM, JAMES D JR 801- 58TH AV. SO. SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRAHAM, SHARON M P.O. BOX 14365 ST. PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **1/31/05** **727-898-6877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #