

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P01000033775**

1. Entity Name  
**HORNERXPRESS, INC.**



Principal Place of Business  
**5755 POWERLINE RD.  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**5755 POWERLINE RD.  
FT. LAUDERDALE, FL 33309**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1094793**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KENT, WILLIAM A  
5755 POWERLINE RD.  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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
NAME	KENT, WILLIAM A
STREET ADDRESS	5755 POWERLINE RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**PAID**

CHK. NO 1023  
DATE 1/9/06

**DO NOT WRITE  
IN THIS SPACE**

U00000386212  
01/18/06-80049-024 150.00

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:

**CRAIG BOLENBAUGH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/06

954-772-6966  
Daytime Phone