2004 FLORIDA PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000068384

1. Entity Name
HORNS LAWN SERVICE INC.

Principal Place of Business	Mailing Address
6192 BASS HWY ST. CLOUD, FL 34771	6192 BASS HWY ST. CLOUD, FL 34771

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3725473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORN, JAMES F
6192 BASS HWY
ST. CLOUD, FL 34771

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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 James F Horn James Horn 2/2/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000037073
02/06/04-80084-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORN, DEON C
STREET ADDRESS	6192 BASS HWY
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	V
NAME	HORN, JAMES F
STREET ADDRESS	6192 BASS HWY
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	S
NAME	HORN, BARBARA R
STREET ADDRESS	875 KNOB HILL CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	HORN, JIMMY L
STREET ADDRESS	875 KNOB HILL CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	HORN, TRAVIS L
STREET ADDRESS	875 KNOB HILL CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James F Horn 2/2/04 407 892-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #