


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000080330</b> 1. Entity Name <b>HORTON &amp; WALDROP INC.</b>	
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Principal Place of Business <b>3450 E. ORANGE AVE EUSTIS, FL 32736</b>	Mailing Address <b>3450 E. ORANGE AVE EUSTIS, FL 32736</b>
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3739515</b>	Applied For <input type="checkbox"/> 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  <b>WALDROP, GLENN 3450 E. ORANGE AVE EUSTIS, FL 32736</b>	<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 *Glenn A. Waldrop* Pres. 2/21/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>000000065820 02/25/04-80052-017 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WALDROP, GLENN 3450 E. ORANGE AVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DPS WALDROP, GLENN 3450 E. ORANGE AVE. EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV HORTON, HOLMAN T 243 OAK HILL DR. LADY LAKE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WALDROP, SARAH E 3450 E. ORANGE AVE. EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HORTON, MELISSA 243 OAK HILL DR. LADY LAKE, FL
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:** *Glenn A. Waldrop* **GLENN A. WALDROP, 2/21/04 (352)357-0291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #