2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2005 8:00 am **Secretary of State** DOCUMENT # P01000080330 1. Entity Name 02-04-2005 90052 031 ***150.00 HORTON & WALDROP INC. Principal Flace of Business Mailing Address 3450 E. ORANGE AVE EUSTIS EL 32736 3450 E. ORANGE AVE EUSTIS FL 32736 50010670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-3739515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALDROP, GLENN Street Address (P.O. Box Number is Not Acceptable) 3450 E. ORANGE AVE EUSTIS FL 32736 City Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete WALDROP, GLENN NAME NAME 3450 E. ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 CITY+ST-ZIP **DPS** TITLE Change ☐ Addition ☐ Delete WALDROP, GLENN NAME STREET ADDRESS STREET ADDRESS 3450 E. ORANGE AVE. CITY-ST-7IP EUSTIS FL 32736 CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME HORTON, HOLMAN T NAME STREET ADDRESS STREET ADDRESS 243 OAK HILL DR. CITY-ST-ZIP LADY LAKE FL CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete WALDROP, SARAH E NAME NAME 3450 E. ORANGE AVE. STREET ADDRESS STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORTON, MELISSA NAME 243 OAK HILL DR. STREET ADDRESS STREET ADDRESS LADY LAKE FL CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

OFFICER OR DIRECTOR

changed, or on an attachm

SIGNATURE:

FILED