


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000080330	
1. Entity Name HORTON & WALDROP INC.	

Principal Place of Business 3450 E. ORANGE AVE EUSTIS, FL 32736	Mailing Address 3450 E. ORANGE AVE EUSTIS, FL 32736
---	---



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALDROP, GLENN 3450 E. ORANGE AVE EUSTIS, FL 32736
--

**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: _____ (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 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	

000000454220
03/14/06-80053-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Glenn A. Waldrop **GLENN WALDROP** 2/20/06 652/357-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #