


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3739515	Applied For 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000903672 04/30/08-80056-004 150.00
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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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/15/08 (352) 357-0291
Date Daytime Phone #