


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000057975
 1. Entity Name*
 HORNERXPRESS-MANASOTA, INC.



Principal Place of Business Mailing Address
 5755 POWERLINE RD. 5755 POWERLINE RD.
 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 41-2044886 | 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
 KENT, WILLIAM A
 5755 POWERLINE RD.
 FT. LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 | P KENT, WILLIAM A 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CHISLING, GARY 5755 POWERLINE RD FORT LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOLENBAUGH, CRAIG 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/12/06-80025-018 150.00

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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: Craig Bolenbaugh CRAIG BOLENBAUGH 1/06/06 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #