


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064907		
1. Entity Name HORNERXPRESS-FIRST COAST, INC.		
Principal Place of Business 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309		Mailing Address 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KENT, WILLIAM A 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	KENT, WILLIAM A	
STREET ADDRESS	5755 POWERLINE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	VT	
NAME	CHISLING, GARY	
STREET ADDRESS	5755 POWERLINE RD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	S	
NAME	BOLENBAUGH, CRAIG	
STREET ADDRESS	8755 POWERLINE RD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Craig Bolenbaugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/16/06</u> <u>954-772-6966</u> <small>Date Daytime Phone #</small>



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-3688594

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000386705
01/19/06-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**