

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**VENDOR**  
Jan 24, 2004 08:00 AM  
GL CODE of State  
DUE DATE

DOCUMENT # P02000070491

1. Entity Name  
HORNERXPRESS-TAMPA BAY, INC.



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

Mailing Address  
5755 POWERLINE RD  
FT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-6048807

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KENT, WILLIAM A  
5755 POWERLINE RD  
FT 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KENT, WILLIAM A
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	D
NAME	KENT, GERA
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VP
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000012824  
01/26/04-80027-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.A. Kent 1/15/04 954-772-6966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #