## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2007 8:00 am Secretary of State

904-845-2910

DOCUMENT # P03000060043  1. Entity Name J.R. HORTON, INC.						04-19-200	07 90189	024 ***1	50.00	
Principal Place 44154 CATIE CALLAHAN, F	S WAY	Mailing Address 44154 CATIES WAY CALLAHAN, FL 32011			4006	9253 			1861	
Suite, Apt.		3. Mailing Address  28 20 6 Suite, Apt. #, etc.	30ND	RI)	02162007	Chg-P	CR2E0	34 (12/06)		
City & State	IARD FL	City & State HILL I AR	DFO	_	4. FEI Numb 77-059				plied For t Applicable	
3°20		32046	Country			of Status Desired	ا	\$8.75 Add Fee Required		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent							
HORTON, JAMES R 44154 CATIES WAY				Street Address (P.O. Box Number is Not Acquetable)						
CALLAHAN, FL 32011				Z8206 BOND RD						
			City 🗡	1111	ARD		FL	Zip Code	046	
8. The above the obligation	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	gistered office or	registere	d agent, or bo				and accept	
SIGNATURE Signature, typed or punited name of registered agent and title if applicable. (NOTE: Rugistered Agent signature required when reinstating)							-/7-0	97		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be d to Fees					
10.	OFFICERS AND		11.	183	ADDITIONS	CHANGES TO OF				
NAME STREET ADDRESS	P HORTON, JAMES R 44154 CATIES WAY	☐ Delete	TITLE NAME STREET ADDRESS	JA1 28	MEX 1 206	Z HORE	25	Change	☐ Addition	
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP	HI	LLIAN	DFL	322			
NAME STREET ADDRESS		☐ Celeta	TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP		Delete	CITY-ST-ZIP	·				☐ Change	Addition	
NAME STREET ADDRESS CITY-S1-ZIP		Uerete	NAME STREET ADDRESS CITY-ST-ZIP					Change	L Addition	
TULE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		Deleta	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAMÉ					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	L						
indicatéd	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empc	true and accurate and that my	signature shalf h	ave the sa	ame legal effe	ct as if made under	oath; that I a	m an officer	or director	