

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90048 033 \*\*\*150.00

**DOCUMENT # P03000065031**

1. Entity Name

HORNE'S FISH HOUSE CORPORATION



Principal Place of Business

102 TOURE LN  
RUSKIN FL 33570

Mailing Address

102 TOURE LN  
RUSKIN FL 33570

2. Principal Place of Business

102 Trouve Lane

Suite, Apt. #, etc.

3. Mailing Address

102 Trouve Lane

Suite, Apt. #, etc.

City & State  
Ruskin FL

City & State  
Ruskin FL

4. FEI Number

331085536

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
33570

Country  
Hillsborough

Zip  
33570

Country  
Hillsborough

6. Name and Address of Current Registered Agent

HORNE, CHERYL  
102 TOURE LN  
RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name

Horne, Cheryl

Street Address (P.O. Box Number is Not Acceptable)

102 Trouve Lane

City  
Ruskin

FL

Zip Code  
33570

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

Cheryl Horne Cheryl Horne

2-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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  
DV  
HORNE, CHERYL  
102 TOURE LN  
RUSKIN FL 33570 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HORNE, JEFF  
102 TOURE LN  
RUSKIN FL 33570 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cheryl Horne Cheryl Horne

2-26-04 813 641-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #