


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000071511</b> 1. Entity Name LONGHORN ENTERPRISES, INC.	
--	---

Principal Place of Business 189 CHAUCER AVENUE DAVENPORT, FL 33896 US	Mailing Address 189 CHAUCER AVENUE DAVENPORT, FL 33896 US
---	---

**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1087935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LONGHORN, IAN 189 CHAUCER AVENUE DAVENPORT, FL 33896	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

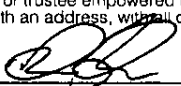
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		<p>U00000695262 04/17/07-80051-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONGHORN, IAN 189 CHAUCER AVENUE DAVENPORT, FL 33896	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #