

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071511

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** LONGHORN ENTERPRISES, INC.

**Current Principal Place of Business:**

7559 OSCEOLA PL RD  
CHAMPIONS GATE  
DAVENPORT, FL 33896 US

**New Principal Place of Business:**

1707 CHICKADEE WAY  
CLERMONT, FL 34711 US

**Current Mailing Address:**

1707 CHICKADEE WAY  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 20-1087935      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONGHORN, IAN  
1707 CHICKADEE WAY  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LONGHORN, IAN  
Address: 1707 CHICKADEE WAY  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN LONGHORN

PD

04/03/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date