


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90122 025 ***150.00

DOCUMENT # P04000072184 1. Entity Name D. HORTON DOORS & MORE, INC.					
Principal Place of Business 1917 BLAIR ROAD JACKSONVILLE, FL 32221			Mailing Address 1917 BLAIR ROAD JACKSONVILLE, FL 32221		
2. Principal Place of Business <i>1917 Blair Rd.</i>		3. Mailing Address <i>1917 Blair Rd.</i>			
Suite, Apt., #, etc. 		Suite, Apt., #, etc. 			
City & State <i>Jacksonville, Florida</i>		City & State <i>Jacksonville, Florida</i>		4. FEI Number 33-1016278	
Zip 32221		Country <i>Duval</i>		Zip 32221	
Country <i>Duval</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HORTON, DOUGLAS V 1917 BLAIR ROAD JACKSONVILLE, FL 32221				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORTON, DOUGLAS V 1917 BLAIR ROAD JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, 11 or 12 of this report, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Doug Horton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/27/05</i> 901-318-8248 <small>Daytime Phone #</small>		