

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90555 005 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                         |                                                                   |
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| <b>DOCUMENT # P04000081196</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                        |                                                                   |
| 1. Entity Name<br><b>STEPHEN G. HORN, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>7533 PLANTATION CIRCLE<br/>UNIVERSITY PARK, FL 34201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | Mailing Address<br><b>7533 PLANTATION CIRCLE<br/>UNIVERSITY PARK, FL 34201</b>                                                          |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                     | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>20-1262828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | \$8.75 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>REINICKE, STEPHANIE A<br/>1800 SECOND STREET SUITE 803<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>HORN, STEPHEN G<br>7533 PLANTATION CIRCLE<br>UNIVERSITY PARK, FL 34201 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>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 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                             |                                                                                                                                         |                                                                   |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | 4/27/05 941-906-8688<br>Date Daytime Phone #                                                                                            |                                                                   |

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