2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000084880							02-18-2005 90045 038 ***150.00				
1. Entity Name HORTON INC							ξi.				
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1 × 140 × 1											
Principal Place of Business			Mailing Address				40019763				
5002 SE 7TH PLACE OCALA, FL 34471			5002 SE 7TH PLACE OCALA, FL 34471								
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Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	01182005	Chg-P	CR2E	034 (10/03))
City & State			City & State				4. FEI Numb	<u> </u>			Applied For
								177937		<u> </u>	Not Applicable
Zip Country			Zip Coun				5. Certificate	of Status Desired		\$8.75 A	
Name and Address of Current Registered Ag			tered Agent		T		7. Name and	Address of New R	ealstere	Fee Requi	red
	o, Hallo dia Naciosa di Gallani, neglisco da rigeli										
HORTON, MICHAEL 5002 SE 7TH PLACE					Street Address (P.O. Box Number is Not Acceptable)						
OCALA, FI											
											• •
					City				F	L Zip Co	ode
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 obligati	ions of registered agent.							-			
SIGNATURE											
Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII-FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be											
After Ma	ay 1, 2005 Fee will b	e \$550.00	Trust Fund Conti	ribution.	Ц	Add	ed to Fees				
10.		CERS AND DIRE	CTORS	11.		•	ADDITIONS,	CHANGES TO OFF	ICERS A	VD DIRECTO	RS IN 11
TITLE	P\D		· 🗖 Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS	HORTON, MICHAEL 5002 SE 7TH PLACE STRI				eet address						
CITY-ST-ZIP					- ST- ZIP						
TITLE			☐ Delete	TITE	E			<u></u>		- Change	Addition
NAME Street address				NAM		-					
CITY-ST-ZIP					eet address '-st-zip						
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TITLE NAME			☐ Delete	TITU						☐ Change	Addition
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CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS				NAM STRI	eet address						
CITY-ST-ZIP			. •	4	/- ST-Z P	ĺ					
12. I hereby	certify that the information su	upplied with this f	iling does not quality for	the exe	mption stat	ed in Se	ection 119.07(3)	(i), Florida Statutes.	I further o	ertify 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 coporation 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.											
Changed, or on an attackment with an author has emplowed. Signature: 1-19-05 352-369-864.											
SIGNATURE.											
	SIGNATURE AN	D TYPED OR PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone	•