

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000002671

Entity Name: MAUREEN HORN P.A.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

5296 CREEKSIDE TRAIL
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

5296 CREEKSIDE TRAIL
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 27-1073289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORN, MAUREEN
5296 CREEKSIDE TRAIL
SARASOTA, FL 34243 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORN, MAUREEN
Address: 5296 CREEKSIDE TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: HORN, STEPHEN
Address: 5296 CREEKSIDE TRAIL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAUREEN HORN

P

10/12/2009

Electronic Signature of Signing Officer or Director

Date