

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071985

Entity Name: HORNER INSURANCE, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

16046 NIKKI LANE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98
ODESSA, FL 33556

New Mailing Address:

POST OFFICE BOX 98
ODESSA, FL 33556

FEI Number: 26-3083704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNER, MATHEW
16046 NIKKI LANE
ODESSA, FL 33556 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: PVST () Delete
Name: HORNER, MATHEW
Address: P.O. BOX 98
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: HORNER, MATHEW
Address: POST OFFICE BOX 98
City-St-Zip: ODESSA, FL 33556

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: MATHEW HORNER

PVST

01/19/2009

Electronic Signature of Signing Officer or Director

Date