2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2004 8:00 am Secretary of State

DOCUMENT # P93000074402 t. Entity Name F. THOMAS HORTON, INC.						ş1 - 3	06-21-2004	_	29 ***55	0.00
Principal Place of Business 2306 MARTIN LUTHER KING, JR. BLVD. FORT MYERS, FL 33901 FORT MYERS, FL 33901					R. BLVD.		HON JOJENS (IJII) NORIJI KOJE KOJE		5405	8072
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05202004	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Numb 65-044			1	plied For ot Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	Registered Agent		 	_7. Name an	d Address of New Ro	egistered A	gent	
HORTON, F T 2306 MARTIN LUTHER KING, JR. BLVD. FORT MYERS, FL 33901					Name Street Address (P.O. Box Numb	per is Not Acceptable)		
		: : :		i				FL	Zip Cod	e
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										
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 9 Trust Fund Contribution 3 Call Added to Fees										1: 7
10.		OFFICERS AND	DIRECTORS	-11.		, ADDITIONS	J J/CHANGES TO OFFI	CERS AND	DIBECTOR	S INI 11
TITLE	D	or regionale	Delete	TITL	1	1	·	CLI IS AND	Change	Addition
NAME	HORTON, F T				ie				[_] Change	C. Addition
STREET ADDRESS CITY-ST-ZIP	RESS 2306 MARTIN LUTHER KING, JR. BLVD.				EET ADDRESS '-ST-ZIP					
TITLE	D Delete				E	-			☐ Change	Addition
NAME	HORTON		NAM	1						
STREET ADDRESS CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TĮŢL					☐ Change	☐ Addition
NAME		ي ي د مسياي	and the same was fire	NAM		بينيد بالمستراء	سعيواء إدامه إستعميها ليكر اسده	- *- <u></u>		
STREET ADDRESS CITY-ST-ZIP		ı		CITY	ET ADDRESS -ST-ZIP					
TITLE NAME			Delete .	TITL	i i				☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					ļ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u></u>	CITY	-ST-ZIP				<u> Пании</u>	- Augusta
TITLE NAME			Delete	TITL NAM	l l				☐ Change	☐ Addition
STREET ADDRESS		• •			ET ADDRESS	* *		•		ł
CITY-ST-ZIP				СПУ	-ST-ZIP	 .				
TITLE		2	☐ Delete	TITL	·				☐ Change	☐ Addition
NAME Street address					ET ADDRESS					ŀ
CITY-ST-ZIP	artifu shas st	information number of state of	this filling does not qualify for	' спү	-ST-ZiP	otion 110 07/21	(i) Elorido Statutos 1	further and	futher the .	formation
12. I hereby certify that the information supplied with this filling 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: F.T. HONTON DIR. 6/19/09 (239) 332-8600										
JIGHAI	JIIL	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O		гоя		Dale	(- 6	/lime Phone #	