

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90031 045 \*\*\*150.00



**DOCUMENT # P93000080784**  
 1. Entity Name  
**HORR, NOVAK & SKIPP, P.A.**

Principal Place of Business  
**ONE DATRAN CENTER, SUITE 1104  
 9100 SOUTH DADELAND BLVD.  
 MAMI, FL 33156-7866 US**

Mailing Address  
**ONE DATRAN CENTER, SUITE 1104  
 9100 SOUTH DADELAND BLVD.  
 MAMI, FL 33156-7866 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

02092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**HORR, DAVID J  
 9100 S. DADELAND BLVD.  
 SUITE 1104  
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HORR, DAVID J</b>	
STREET ADDRESS	<b>9100 S DADELAND BLVD. SUITE 1104</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jonathan W. Skipp</b>	
STREET ADDRESS	<b>9100 S. Dadeland Blvd., Suite 1104</b>	
CITY-ST-ZIP	<b>Miami, FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patrick E. Novak</b>	
STREET ADDRESS	<b>9100 S. Dadeland Blvd., Suite 1104</b>	
CITY-ST-ZIP	<b>Miami, FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephanie H. Wylie</b>	
STREET ADDRESS	<b>9100 S. Dadeland Blvd., Suite 1104</b>	
CITY-ST-ZIP	<b>Miami, FL 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** David J. Horr **2/13/06** **305-670-2525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #