

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90298 043 ***155.00

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DOCUMENT # P94000006255 1. Entity Name JOSEPHINE H. HORN, P.A.																													
Principal Place of Business 14633 VILLAGE GLEN CIR TAMPA, FL 33624 US			Mailing Address 14633 VILLAGE GLEN CIR TAMPA, FL 33624 US																										
2. Principal Place of Business <i>9512 West Park Village Dr.</i> Suite, Apt. #, etc. <i>#106</i> City & State <i>Tampa FL</i> Zip <i>33626</i>		3. Mailing Address <i>9512 West Park Village Dr.</i> Suite, Apt. #, etc. <i>#106</i> City & State <i>Tampa FL</i> Zip <i>33626</i>		04042005 Chg-P CR2E034 (10/03)																									
4. FEI Number 59-3220966		Applied For Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HORN, JOSIE 14633 VILLAGE GLEN CIR TAMPA, FL 33624																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <i>9512 West Park Village Dr. #106</i> City <i>Tampa</i> FL <i>33626</i>		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: <i>[Signature]</i> DATE: <i>4-14-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees																											
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12. I hereby certify that the information supplied with this filing 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: *[Signature]* Date: *4-14-05* Daytime Phone #: *813-200-0972*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR