2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000006255

1. Entity Name
JOSEPHINE H. HORN, P.A.

Principal Place of Business

11556 FOUNTAINHEAD DR
TAMPA, FL 33626   US

Mailing Address

11556 FOUNTAINHEAD DR
TAMPA, FL 33626   US

07092008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3220966	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORN, JOSIE
11556 FOUNTAINHEAD DR
TAMPA, FL 33626

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U00000958589 08/29/08-80004-001 550.00

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	HORN, JOSIE
STREET ADDRESS	11556 FOUNTAINHEAD DR
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

8-22-08