

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 003 ***150.00

DOCUMENT # P95000024868

1. Entity Name

WILLIAM J. HORNBECK, II, P.A.



Principal Place of Business

6464 FIRST AVE. N.
ST PETERSBURG FL 33710
US

Mailing Address

6464 FIRST AVE N.
ST PETERSBURG FL 33710
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3308599

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNBECK, WILLIAM J II
6464 FIRST AVE N.
ST PETERSBURG FL 33710

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTS ☐ Delete
NAME HORNBECK, WILLIAM J II
STREET ADDRESS 6464 FIRST AVE N.
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D = Director ☐ Change ☒ Addition
NAME Hornbeck, William J. II
STREET ADDRESS 6464 First Ave. N.
CITY-ST-ZIP St. Petersburg, FL 33710
(to clarify that I also am a Director)

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

William J. Hornbeck, II

3/27/08 (727) 395-3788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Hornbeck, II

Deposited For