2004 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am **Secretary of State** DOCUMENT # P95000079571 1. Entity Name 02-09-2004 90049 040 ***150.00 HORTON ELECTRICAL CONTRACTING, INC. Principal Place of Business Mailing Address 3055 LENOX AVE JACKSONVILLE FL 32254 PO BOX 37485 ATATIOAT JACKSONVILLE FL 32236 Principal Place of Business 3. Mailing Address, Street 402 Swan *2*402 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For City & State City & State 59-3341943 Florida Jachsonville Jachson Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORTON, JERRY Street Address (P.O. Box Number is Not Acceptable) 16344 WATERVILLE ROAD JACKSONVILLE FL 32226 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 ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ Addition TITLE Change TITLE ח ☐ Delete HORTON, JERRY W NAME NAME STREET ADDRESS STREET ADDRESS 16344 WATERVILLE RD CITY-ST-ZIP JACKSONVILLE FL 32226 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TILE HORTON, JOEL B SR. NAME RT 1 BOX 491B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRYCEVILLE FL 32009 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME HORTON RANDY KTT NAME STREET ADDRESS STREET ADDRESS 5677 SWALLOWFORK AVE CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

other like empowered.

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