2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000063033

1. Entity Name
FOUR HORNE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5300 MURPHY RD BARTOW, FL 33830 US	PO BOX 4142 ANNA MARIA, FL 34216 US

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3401204
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORNE, LYNN D JR.
5300 MURPHY ROAD
BARTOW, FL 33830

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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 $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORNE, LYNN D SR.
STREET ADDRESS	5300 MURPHY ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	HORNE, ANN S
STREET ADDRESS	5300 MURPHY ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	HORNE, JOHN CURTIS
STREET ADDRESS	8403 MARINER DRIVE
CITY-ST-ZIP	ANNA MARIE, FL 34218
TITLE	D
NAME	HORNE, LYNN D JR.
STREET ADDRESS	1500 OLD EAGLE LAKE ROAD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ann S Horne Ann S. Horne 2-2-04 941-778-7236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #