


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 045 ***158.75

DOCUMENT # P98000003069	
1. Entity Name HORNER ENTERPRISES, INC.	

Principal Place of Business 106 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418	Mailing Address 106 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418
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40075556



2. Principal Place of Business 801 MAPLEWOOD DRIVE	3. Mailing Address 801 JSA ASSOC 801 MAPLEWOOD DRIVE
Suite, Apt. #, etc. SUITE # 14	Suite, Apt. #, etc. SUITE # 14
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33458	Country USA

04152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HORNER, DAVID N 106 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent Name HORNER DAVID N.	
Street Address (P.O. Box Number is Not Acceptable) 801 MAPLEWOOD DRIVE	
SUITE #14	
City JUPITER	FL Zip Code 33458

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 *David N. Horner* **DAVID N. HORNER** **4/18/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, DAVID N 106 EMERALD KEY LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, DAVID N 801 MAPLEWOOD DRIVE, #14 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *David N. Horner* **4/18/05** **646-322-3311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #