

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # P98000042639

1. Entity Name  
HORTON PROPERTIES INC.



Principal Place of Business

C/O KEITH R. WARD  
310 COLLEGE DRIVE  
ORANGE PARK, FL 32065

Mailing Address

C/O KEITH R. WARD  
310 COLLEGE DRIVE  
ORANGE PARK, FL 32065



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3513602

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINTON, JAMES E  
170-H COLLEGE DRIVE  
ORANGE PARK, FL 32065

DO NOT WRITE  
IN THIS SPACE

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 reappointing)

DATE

FILE NOW! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000836782  
03/04/08-80025-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARD, KEITH R
STREET ADDRESS	2741 NAVAJO RD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	LINTON, JAMES E
STREET ADDRESS	923 AUTHOR MOORE DR
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	MAY, SHARON L
STREET ADDRESS	5591 DIANTHUS ST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 SIGNER, OFFICER OR DIRECTOR

THOMAS A. MAY VICE PRES. 2/18/08 904-272-4808

Date

Daytime Phone #