


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90025 046 ***158.75

DOCUMENT # P98000054289 1. Entity Name HORGAN'S, INC.			
Principal Place of Business PO BOX 25426 SARASOTA, FL 34277-2426		Mailing Address PO BOX 25426 ST. ANTHONY'S CHURCH SARASOTA, FL 34277-2426	
2. Principal Place of Business 4077 MACEACHEN BLVD #59 Suite, Apt. #, etc. SARASOTA, FL		3. Mailing Address P.O. Box 25426 Suite, Apt. #, etc. City & State Sarasota FL Zip 34277-2426 Country US	
City & State SARASOTA FL		4. FEI Number 65-0844535	
Zip 34277 Country SARASOTA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORGAN, EUGENE J 4077 MACEACHEN BLVD #59 SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME HORGAN, EUGENE J STREET ADDRESS PO BOX 25426 CITY-ST-ZIP SARASOTA, FL 342772426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>E. J. Morgan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/13/06 (941) 222-9881 <small>Date Daytime Phone #</small>	