


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

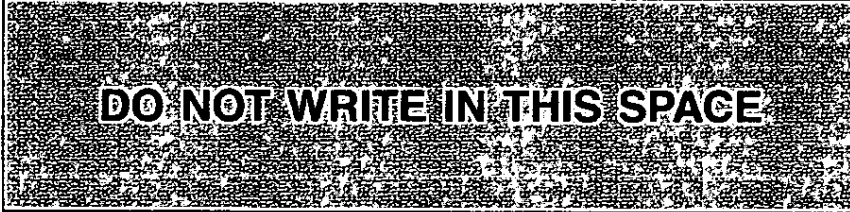
03-24-2005 90040 037 \*\*\*150.00

<b>DOCUMENT # S56596</b> 1. Entity Name <b>HORKEY &amp; ASSOCIATES, P.A.</b>	
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Principal Place of Business <b>8211 WEST BROWARD BLVD PH-1 FIFTH FLOOR FORT LAUDERDALE, FL 33324-2745 US</b>	Mailing Address <b>8211 WEST BROWARD BLVD PH-1 FIFTH FLOOR FORT LAUDERDALE, FL 33324-2745 US</b>
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01042005 No Chg-P CR2E034 (10/03)



4. FEI Number <b>65-0266803</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

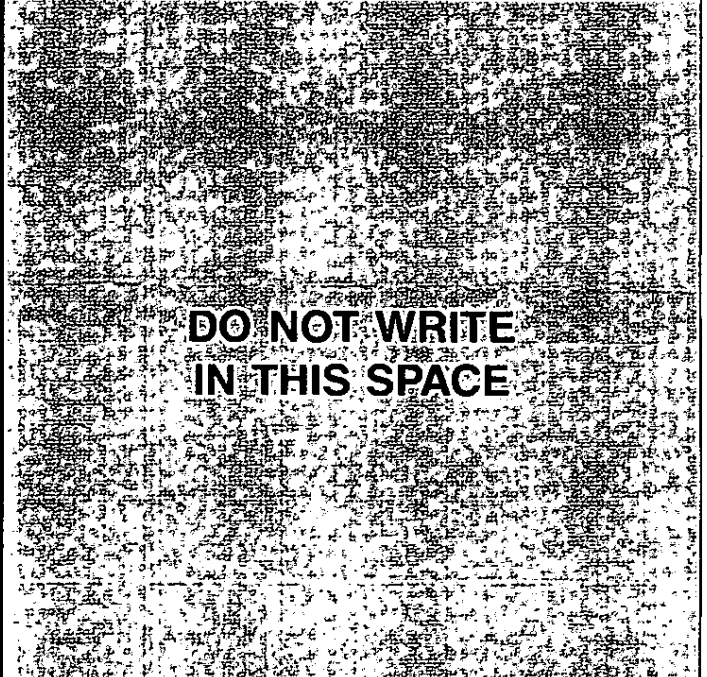
8. Name and Address of Current Registered Agent  <b>HORKEY, FRANK 8211 WEST BROWARD BLVD PH-1 FIFTH FLOOR FORT LAUDERDALE, FL 33324-2745</b>	
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B. The above named entity submits this statement for the purpose of changing its registered office or registered 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS HORKEY, FRANK J. 8211 W BROWARD BLVD PH-1 5TH FL. FORT LAUDERDALE, FL 333242745</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HORKEY, DONNA 8211 W BROWARD BLVD PH-1 5TH FL. FORT LAUDERDALE, FL 333242745</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #