


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 024 ***150.00

DOCUMENT # S56596 1. Entity Name HORKEY & ASSOCIATES, P.A.					
Principal Place of Business 7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351 US			Mailing Address 8211 WEST BROWARD BLVD PH-1 FIFTH FLOOR FORT LAUDERDALE, FL 33324-2745 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7770 W Oakland Park Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 470			
City & State		City & State Sunrise FL			
Zip	Country	Zip 33351	Country USA		
4. FEI Number 65-0266803			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HORKEY, FRANK 7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	DPS HORKEY, FRANK J. 8211 W BROWARD BLVD PH-1 5TH FL. FORT LAUDERDALE, FL 333242745 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Horkey, Frank J. 7770 W Oakland Park Blvd Suite 470 Sunrise FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HORKEY, DONNA 8211 W BROWARD BLVD PH-1 5TH FL. FORT LAUDERDALE, FL 333242745 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Horkey, Donna 7770 W Oakland Park Blvd Suite 470 Sunrise FL 33351 <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	
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/22/07 954-742-3001 <small>Date Daytime Phone #</small>		