


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # H98151

1. Entity Name
 HORIZON PROPERTIES OF PENSACOLA, INC.



Principal Place of Business
 1335 CREIGHTON ROAD
 PENSACOLA, FL 32504-7138

Mailing Address
 1335 CREIGHTON ROAD
 PENSACOLA, FL 32504-7138

66003402



DO NOT WRITE IN THIS SPACE

03222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2731693

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, PAUL
 1335 CREIGHTON RD
 PENSACOLA, FL 32504

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I, 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 \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYES, PAUL
STREET ADDRESS	1335 CREIGHTON RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	S
NAME	FLOWERS, ELEANOR
STREET ADDRESS	1335 CREIGHTON RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	T
NAME	ROGERS, PAULA
STREET ADDRESS	1335 CREIGHTON RD.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/08/06-80056-019 150.00

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: Paul Hayes PAUL HAYES 4/3/06 850476-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #