


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # H98151
 1. Entity Name
HORIZON PROPERTIES OF PENSACOLA, INC.



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

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2731693 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHALL, MATT
1335 CREIGHTON RD
PENSACOLA, FL 32504-7138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000874973
 04/11/08-80014-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P/D |
| NAME | SCHALL, MATT |
| STREET ADDRESS | 1335 CREIGHTON RD. |
| CITY-ST-ZIP | PENSACOLA, FL 325047138 |
| TITLE | S/D |
| NAME | MCGUIRE, PAULA |
| STREET ADDRESS | 1335 CREIGHTON RD. |
| CITY-ST-ZIP | PENSACOLA, FL 325047138 |
| TITLE | V/D |
| NAME | ROGERS, PAULA |
| STREET ADDRESS | 1335 CREIGHTON RD. |
| CITY-ST-ZIP | PENSACOLA, FL 325047138 |
| TITLE | T/D |
| NAME | FLOWERS, DOLLY |
| STREET ADDRESS | 1335 CREIGHTON RD |
| CITY-ST-ZIP | PENSACOLA, FL 325047138 |
| 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: *Matt Schall* **Matt Schall President** 2-25-08 850/476-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #