


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90079 026 \*\*\*150.00

**DOCUMENT # P96000011815**

1. Entity Name  
**HORIZON BUILDERS & DEVELOPMENT, INC.**



Principal Place of Business  
**817 MADRID AVENUE**  
~~OSPREY, FL 34285~~ **US**

Mailing Address  
**46 N. WASHINGTON BLVD.**  
**SUITE 1**  
**SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**correct to Venice FL**

City & State  
 Zip Country Zip Country

400103



02272007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0637410**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LPS CORPORATE SERVICES, INC.**  
**46 N. WASHINGTON BLVD.**  
**SUITE 1**  
**SARASOTA, FL 34236**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DPST CARPER, TAMMY 817 MADRID AVENUE OSPREY, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correct to Venice FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARPER, KERRY 817 MADRID AVENUE OSPREY, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correct to Venice FL
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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: Tammy Carper **Tammy Carper** 4-18-07 941-486-4295  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #