

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90030 050 ***150.00

DOCUMENT # P99000100996
 1. Entity Name
NEW HORIZONS OF HILLSBOROUGH, INC.



Principal Place of Business Mailing Address
1100 CENTRAL DR **1100 CENTRAL DR**
BRANDON FL 33510 **BRANDON FL 33510**

03020001



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
111 MASON ST **11208 LEPRECHAUN DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BRANDON FL **RIVERVIEW FL**

4. FEI Number Applied For
59-3623685 Not Applicable

Zip Country Zip Country
33511 **USA** **33569** **USA**

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

6. Name and Address of Current Registered Agent
OTTEWELL, SIMON
119C CENTRAL DR
BRANDON FL 33510

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 _____ DATE **1/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OTTEWELL, MR SIMON	
STREET ADDRESS	119C CENTRAL DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OTTEWELL, KAREN OTTEWELL	
STREET ADDRESS	119C CENTRAL DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE **1/27/04** DAYTIME PHONE # **651-5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR