

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.	
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Principal Place of Business 1335 CREIGHTON ROAD PENSACOLA, FL 32504-7138	Mailing Address 1335 CREIGHTON ROAD PENSACOLA, FL 32504-7138
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2731693	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHALL, MATT 1335 CREIGHTON RD. PENSACOLA, FL 325047138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MCGUIRE, PAULA 1335 CREIGHTON RD. PENSACOLA, FL 325047138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ROGERS, PAULA 1335 CREIGHTON RD. PENSACOLA, FL 325047138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D FLOWERS, DOLLY 1335 CREIGHTON RD 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 #