

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 462992		
1. Entity Name HORIZON CONSTRUCTION AND DEVELOPMENT, INC.		
Principal Place of Business 3115 PROVIDENCE RD. P.O. BOX 3160 LAKELAND, FL 33802		Mailing Address 3115 PROVIDENCE RD. P.O. BOX 3160 LAKELAND, FL 33802
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent KENNEDY, F JAMES 3115 PROVIDENCE RD. LAKELAND, FL 33805		DO NOT WRITE IN THIS SPACE
3. 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 _____ Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	KENNEDY, F JAMES	
STREET ADDRESS	3115 PROVIDENCE RD.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	S	
NAME	EDWIN HANCOCK	
STREET ADDRESS	200 SHILOH PLACE	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: 		4-27-05 863-688-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR F. James Kennedy		Date _____ Daytime Phone # _____