

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 498026**

1. Entity Name  
**HORIZON CONCEPTS, INC.**



Principal Place of Business  
 1000 42 AVE N. (33703)  
 P.O. BOX 14565 (33733)  
 ST. PETERSBURG, FL 33703-4534

Mailing Address  
 1000 42 AVE N. (33703)  
 P.O. BOX 14565 (33733)  
 ST. PETERSBURG, FL 33703-4534



**DO NOT WRITE IN THIS SPACE**

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1655144</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PLASKETT, G. CARL  
 1000 42ND AVE., N.  
 ST. PETERSBURG, FL 33703

**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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PLASKETT, G. CARL 1000 42 AVE N. ST. PETERSBURG FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000019863  
 01/29/04-80042-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 filers empowered.

**SIGNATURE:**

*Carl Plaskett, Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/04 727 521-2562*  
 DATE DAYTIME PHONE #