2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2007 08:00 AN Secretary of State

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1. Entity Name

HORÍZON 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

07032007 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1656144

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 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									
SIGNATORE	Signature, typed or printed name of registered agent and fil	tie if applicable	(NOTE, Registered Age	nt signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 .9. Election Campaign Finar Trust Fund Contribution.			· _	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIR	ECTORS				,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PLASKETT, G. CARL 1000 42 AVE N. ST. PETERSBURG FL,					Hencestores			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· 				•	U00000767021 07/05/07-80008-005 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP					IN '	THIS SPACE			
TITLE NAME STREET AODRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower	i filing does not qua a and accurate and and to execute this r	alify for the exemp that my signature report as required	tions cor shall hav	ntained in Chapter 119 te the same legal effecter 607, Florida Statute	Florida Statutes. I further certify that the information of as if made under oath: that I am an officer or director as; and that my name appears in Block 10 or Block 11 if			