

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503687

Entity Name: FUTURE HORIZONS, INC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

403 N. FIRST STREET  
HASTINGS, FL 32145 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 1115  
HASTINGS, FL 32145 US

## New Mailing Address:

FEI Number: 59-1672451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLACKBURN, ROBERT D.  
125 OLD SPANISH BLUFF ROAD  
E PALATKA, FL 32131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLACKBURN, ROBERT D  
Address: 125 OLD SPANISH BLUFF ROAD  
City-St-Zip: E PALATKA, FL 32131

Title: VP ( ) Delete  
Name: BLACKBURN, RICHARD A  
Address: 113 RIVERSIDE BLVD.  
City-St-Zip: E PALATKA, FL 32131

Title: ST ( ) Delete  
Name: DAVIDSON, DEBBIE R  
Address: 133 OLEANDER DRIVE  
City-St-Zip: SAN MATEO, FL 32187

Title: VP ( ) Delete  
Name: BLACKBURN, ROBERT D JR  
Address: 10215 ALLAMANDA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE R. DAVIDSON

ST

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date