


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 580539 1. Entity Name HORIZON CUSTOM BLDRS., INC.		
Principal Place of Business 4457 PURDY LANE SUITE D WEST PALM BEACH, FL 33406 US	Mailing Address 4457 PURDY LANE SUITE D WEST PALM BEACH, FL 33406 US	



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1840270	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURNS, JAMES MICHAEL
4457 PURDY LN
STE D
WEST PALM BEACH, FL 33406

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000844223
03/12/08-80027-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOEBEL, THOMAS 3207-B TWINBERRY COVE AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, JAMES MICHAEL 4457 PURDY LANE SUITE D WEST PALM BCH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEPALMA, RICHARD 4457 PURDY LANE SUITE D WEST PALM BCH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 fees empowered.

SIGNATURE:  **Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08 561 357 8008
Date Daytime Phone #