2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000106

Entity Name: HORIZON SOFTWARE SYSTEMS, INC.

FILED Jan 08, 2004 Secretary of State

•		,,,,,,				
Current Principal Place of Business:			New Principal Place of Business:			
10515 E. 40 DENVER, C	OTH AVENUE, 600 80239	SUITE 110				
Current Mailing Address:			New Mailing Address:			
10515 E. 40 DENVER, C	OTH AVENUE, 600 80239	SUITE 110				
FEI Number: 01-0682865 FEI Number Applied For ()			FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam				ame and Address of New Registered Agent:		
PATTERSON, MICHELLE 4064 REMER COURT TALLAHASSEE, FL 32303 US			1382 W TALLAI	PATTERSON, MICHELLE 1382 WESTHAVEN DRIVE TALLAHASSEE, FL 32310 US		
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:					01/08/2004	
	Electronic	Signature of Registered Agent	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	READ, ROBERT 10515 E. 40TH A DENVER, CO 80 TD () I SHICKLER, SCO	VENUE, SUITE 110 1239 Delete	Title: Name: Address: City-St-Z Title: Name: Address:	ip: TD (X SHICKLER, SO 401 MACY DR	IVE	
City-St-Zip: Title: Name: Address: City-St-Zip:	SCHAEFER, MIC	Delete HAEL E NDS PARKWAY, SUITE 200	City-St-Z Title: Name: Address: City-St-Z	SD (X SCHAEFER, M 401 MACY DR	() Change () Addition IICHAEL E IVE	
Title: Name: Address: City-St-Zip:	MARTIN, KARÉN	VENUE, SUITE 110	Title: Name: Address: City-St-Z) Change ()Addition	
Title: Name: Address: City-St-Zip:	CELECKI, DAVE	Delete VENUE, SUITE 110 239	Title: Name: Address: City-St-Z) Change ()Addition	
Title: Name: Address: City-St-Zip:	V ()[BECK, DON 11 MULLIGAN CI BLUFFTON, SC		Title: Name: Address: City-St-Z) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN MARTIN VP 01/08/2004