2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005703

1. Entity Name
HORIZON CAPITAL MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
101 EAST KENNEDY BLVD STE 2800 TAMPA, FL 33602	525 WATER STREET PORT HURON, MI 48060

02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2103709
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, KEVIN H
101 EAST KENNEDY BLVD STE 2800
TAMPA, FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000922460
05/15/08-80048-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CAMPBELL, MARSHALL J
STREET ADDRESS	525 WATER STREET
CITY-ST-ZIP	PORT HURON, MI 48060
TITLE	DP
NAME	SIMON, PATRICK
STREET ADDRESS	525 WATER STREET
CITY-ST-ZIP	PORT HURON, MI 48060
TITLE	D
NAME	OLDFORD, JR., WILLIAM G
STREET ADDRESS	1411 THIRD STREET
CITY-ST-ZIP	PORT HURON, MI 48060
TITLE	ST
NAME	DEVENDORF, DAVID C
STREET ADDRESS	801 HURON AVE
CITY-ST-ZIP	PORT HURON, MI 48060
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 like empowered.

SIGNATURE: David C. Devendorf 4/21/08 8109858171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #