2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam SECURE Principal Plac 1205 HILLS #104 HILLSBORO US 2. Principal F	HORIZON, INC. se of Business BORO MILE D BEACH FL 33062 Place of Business	Mailing Address P.O. BOX 8218 JACKSONVILLE FL 322 US 3. Mailing Address	39-8218	May 02, 2005 Secretary o	08:00 AM of State	
Suite, Apt. #, etc. City & State		Suite Apt. #, etc. City & State		4 FELNiumber	034 (10/04)	
				59-2470194	Not Applicable	
Zıp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registers	ed Agent	
HARDIN, DAVID C. 500 E BROWARD BLVD #1950 FORT LAUDERDALE FL 33394				Street Address (P.O. Box Number is Not Acceptable)		
the obligat SIGNATURE . F	Signature, typed or printed name of registered agent of the NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 or Payable to Florida Department of	and little if applicable (NOTE F	Registered Agent signature require	ered agent, or both, in the State of Florida. I a ad when reinstating) 9. Election Campaign Fina Trust Fund Contribution	e \$5.00 May Be	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CHARLES SR 1205 HILLSBORO MILE HILLSBORO BEACH FL	☐ Delete	THEF NAME STREET ADDRESS CITY-ST-ZIP	05/03/05-80065-	□ Change □ Addition] -807 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, CHARLES J 6750 EPPING FOREST WAY N. JACKSONVILLE FL	☐ Delete	HITHE NAME SHEET ADDRESS CHY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	THEF NAME STHEET ADDRESS CHY-SE-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	DITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition	
NAME CIFEET ADDRESS CITY-ST-ZIP	eartiful that the information currelled with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ection 119.07(3)(i). Florida Statutes, I further o	☐ Change ☐ Addition	

I hereby certify that the information supplied with this filling does not quality 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 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: _

C/Duvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 904-646-33.76

Date Dayting Phone #