


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H27854**  
 1. Entity Name  
**SECURE HORIZON, INC.**



Principal Place of Business      Mailing Address  
 1205 HILLSBORO MILE      P.O. BOX 8218  
 #104      JACKSONVILLE, FL 32239-8218 US  
 HILLSBORO BEACH, FL 33062      US

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03102006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2470194      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C.  
 500 E BROWARD BLVD #1950  
 FORT LAUDERDALE, FL 33394

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000558622  
 05/18/06-80007-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, CHARLES SR
STREET ADDRESS	1205 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL
TITLE	TD
NAME	DAVIS, CHARLES J
STREET ADDRESS	6750 EPPING FOREST WAY N.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: C. L. Davis, Jr.      C. L. DAVIS, JR.      4/28/06      904-646-3376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #