


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90143 050 ***150.00

DOCUMENT # H27854 1. Entity Name SECURE HORIZON, INC.					
Principal Place of Business 1205 HILLSBORO MILE #104 HILLSBORO BEACH, FL 33062 US			Mailing Address P.O. BOX 8218 JACKSONVILLE, FL 32239-8218 US		
2. Principal Place of Business - No P.O. Box # 1205 Hillsboro Mile		3. Mailing Address			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc.			
City & State Hillsboro Beach, FL		City & State		4. FEI Number 59-2470194	
Zip 33062		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, CHARLES SR 1205 HILLSBORO MILE HILLSBORO BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAVIS, CHARLES J 6750 EPPING FOREST WAY N. JACKSONVILLE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>C. Davis</u> <u>C. L. Davis</u>			Date <u>4/29/08</u> Daytime Phone # <u>904-646-3376</u>		