2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90017 024 ***158.75

DOCUMENT # M64867

1. Entity Name
VAST HORIZONS, INC.

Principal Place of Business	Mailing Address
2362 TIMBERCREST CIR W CLEARWATER FL 33763 US	C/O RICHARD CONRAD 2362 TIMBERCREST CIR. W. CLEARWATER FL 33763 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5894 S.W. 358 HWY	C/O RICHARD CONRAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5894 S.W. 358 HWY
City & State STEINHATCHEE, FL	City & State STEINHATCHEE, FL
Zip / Country 32359 / US	Zip / Country 32359 / US

4. FEI Number 59-2870020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONRAD, RICHARD 2362 TIMBERCREST CIR. W. CLEARWATER FL 33763	Name: CONRAD, RICHARD Street Address (P.O. Box Number is Not Acceptable): 5894 S.W. 358 HWY City: STEINHATCHEE FL Zip Code: 32359

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: _____ 1/25/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P CONRAD, RICHARD L. 2362 TIMBERCREST CIR W CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5894 S.W. 358 HWY STEINHATCHEE FL 32359
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CONRAD, NANCY M. 2362 TIMBERCREST CIR W CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONRAD, ROBBIE L. 2362 TIMBERCREST CIR W CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MC CORMICK, MICHAEL S. 5033 BLUE HERON DR NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ RICHARD CONRAD 1/25/08 727-771-5871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #