

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 2362 TIMBERCREST CIR W CLEARWATER FL 33763 US	Mailing Address C/O RICHARD CONRAD 2362 TIMBERCREST CIR. W. CLEARWATER FL 33763 US
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2. Principal Place of Business - No P.O. Box # 5894 S.W. 358 HWY	3. Mailing Address C/O RICHARD CONRAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5894 S.W. 358 HWY

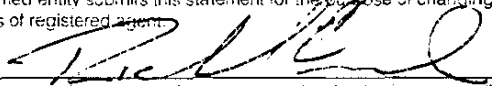
1st MOORE CR2E034 (10/07)

City & State STEINHATCHEE, FL	City & State STEINHATCHEE, FL
Zip 32359	Zip 32359
Country US	Country US

4. FEI Number 59-2870020	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONRAD, RICHARD 2362 TIMBERCREST CIR. W. CLEARWATER FL 33763	7. Name and Address of New Registered Agent Name CONRAD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5894 S.W. 358 HWY City STEINHATCHEE FL Zip Code 32359
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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  1/25/08
Signature, typed or printed name of registered agent and title, if applicable.	NOTE: Registered Agent signature required when re-stating. 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
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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 an 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 #
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