

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64867

Entity Name: VAST HORIZONS, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

5894 SW 358 HWY  
STEINHATCHEE, FL 32359 US

## New Principal Place of Business:

## Current Mailing Address:

C/O RICHARD CONRAD  
5894 SW 358 HWY  
STEINHATCHEE, FL 32359 US

## New Mailing Address:

FEI Number: 59-2870020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONRAD, RICHARD  
5894 SW 358 HWY  
STEINHATCHEE, FL 32359 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONRAD, RICHARD L.,  
Address: 5894 SW 358 HWY  
City-St-Zip: STEINHATCHEE, FL 32359

Title: ST ( ) Delete  
Name: CONRAD, NANCY M.,  
Address: 2362 TIMBERCREST CIR W  
City-St-Zip: CLEARWATER, FL 33763

Title: V ( ) Delete  
Name: CONRAD, ROBBIE L.,  
Address: 2362 TIMBERCREST CIR W  
City-St-Zip: CLEARWATER, FL 33763

Title: V (X) Delete  
Name: MC CORMICK, MICHAEL, S.  
Address: 5033 BLUE HERON DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CONRAD, NANCY M.,  
Address: 5894 SW 358 HWY  
City-St-Zip: STEINHATCHEE, FL 32359

Title: V (X) Change ( ) Addition  
Name: MC CORMICK, MICHAEL, S.  
Address: 5033 BLUE HERON DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L CONRAD

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date