


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90028 030 \*\*\*150.00

<b>DOCUMENT # M70001</b> 1. Entity Name <b>HORIZON ONE ADVERTISING, INC.</b>	
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Principal Place of Business <b>% ROBERT M. DANCE</b> <b>5152 S. U.S. HIGHWAY 17-92 BOX 1167</b> <b>LONGWOOD, FL 32750</b>	Mailing Address <b>% ROBERT M. DANCE</b> <b>5152 S. U.S. HIGHWAY 17-92 BOX 1167</b> <b>LONGWOOD, FL 32750</b>
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2871116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DANCE, ROBERT M.**  
**5152 S. U.S. HWY 17-92**  
**P.O. BOX 1167**  
**LONGWOOD, FL 32750**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANCE, ROBERT M.</b> <b>5152 S. US HWY 17-92</b> <b>LONGWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SILANKAS, RICHARD</b> <b>1208 LK GRIFFIN RD</b> <b>LADY LAKE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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:  1-7-4  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_