

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 030 ****61.25

DOCUMENT # N17100

1. Entity Name
HORIZON SOUTH X, INC



Principal Place of Business
17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

Mailing Address
17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

24072571



DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3111337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J. ATTORNEY
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONNER, MARTHA
STREET ADDRESS 801 CIRCLEVIEW DRIVE
CITY-ST-ZIP DOTHAN, AL 36301

TITLE VPD
NAME LEWIS, FRED
STREET ADDRESS 17462 FRONT BEACH ROAD
CITY-ST-ZIP PANAMA CITY, FL 32413

TITLE STD
NAME REID, BILLY J.
STREET ADDRESS 17462 FRONT BEACH RD
CITY-ST-ZIP PANAMA CITY BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 617, 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: *Martha Conner* Martha Conner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 850-234-8329