2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2004 08:00 AM DOCUMENT # N93000004003 **Secretary of State** 1. Entity Name HORIZON FLYING CLUB INCORPORATED Principal Place of Business Mailing Address 11861 WILDFLOWER PLACE TEMPLE TERRACE FL 33617 11861 WILDFLOWER PLACE TEMPLE TERRACE FL 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3208120 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEALE, RONALD J Street Address (P.O. Box Number is Not Acceptable) 11861 WILDFLOWER PLACE TEMPLE TERRACE FL 33617 City Zip Code 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete Addition TEELE Change PARKS, MATTHEW NAME NAME U00000085216 03/11/04-80039-001 61.25 2803 SOUTH POINTE LANE STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** CITY ST-ZIP CHTY-ST-ZEP TITLE Delete TITLE ☐ Chance Addition NEALE, RONALD J MAME NAME 11861 WILDFLOWER PLACE STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 CITY - ST-ZIP CITY-ST-ZIP TIME Defete TITLE ☐ Change Addition MANISCALCO, JOSEPH NAME 5810 US HWY 92 W LOT 103 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Deleie Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP TITLE Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY - ST - ZIP BILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CRY-ST-ZIP

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:

used Made Ronard J. NEALE

3-9-04

FILED

813-985-8394