

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001744

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: HORIZON SOUTH XIX, INC.

**Current Principal Place of Business:**

17462 W. HIGHWAY 98  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

17462 W. HIGHWAY 98  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

FEI Number: 59-3375266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLOAN, TIMOTHY J ATTORNE  
427 MCKENZIE AVE  
PANAMA CITY, FL 32401 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMS, NORMAN  
Address: P.O. BOX 1273  
City-St-Zip: SMYRNA, GA 30081

Title: VPD ( ) Delete  
Name: CREECH, FLOYD  
Address: P.O. BOX 1017  
City-St-Zip: CAIRO, GA 39828

Title: STD ( ) Delete  
Name: SIMS, JAY  
Address: P.O. BOX 461  
City-St-Zip: POWDER SPRINGS, GA 30127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SIMS

PD

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date