

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104015

Entity Name: HORIZON CASUAL, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

402 SW 33RD AVE
OCALA, FL 34474

New Principal Place of Business:

832 NW 30TH AVE
OCALA, FL 34475

Current Mailing Address:

PO BOX 1000
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3681979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHL, NORMAN J
10039 W RIVERWOOD DRIVE
CRYSTAL RIVER, FL 34428 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: KOHL, NORMAN J
Address: 10039 W RIVERWOOD DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ST () Delete
Name: KOHL, MELODY
Address: 10039 W RIVERWOOD DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MELODY KOHL

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date