

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P01000016599

1. Entity Name
HORIZON VENDING, INC.



Principal Place of Business
**5505 WHITE OAK CIRCLE
TAMARAC, FL 33319-3043 US**

Mailing Address
**PO BOX 100934
FT LAUDERDALE, FL 33310-1934**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1076210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIXON, LEONARD
5505 WHITE OAK CIRCLE
TAMARAC, FL 33319-3043**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIXON, LEONARD
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043
TITLE	S
NAME	MATHIS-HIXON, JOHNNIE M
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043
TITLE	V
NAME	HIXON, LEONARD
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043
TITLE	C
NAME	HIXON, LEONARD
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043
TITLE	T
NAME	MATHIS-HIXON, JOHNNIE M
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043
TITLE	P
NAME	HIXON, LEONARD
STREET ADDRESS	5505 WHITE OAK CIRCLE
CITY-ST-ZIP	TAMARAC, FL 333193043

U000000758183
05/23/07-80102-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leonard Hixon Leonard Hixon 4/30/07 (954) 735-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #