## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000022912**

1. Entity Name

HORIZON HOSPITALITY MANAGEMENT, INC.



FILED Mar 03, 2008 08:00 A Secretary of State

Not Applicable

\$8.75 Additional

Fee Required

Principal Place of Business

Mailing Address

17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042



01312008	No Chg-P	CR2E034 (11/05)			
4 CEI Number	,	j	Applied For		

6. Name and Address of Current Registered Agent

GUNTHER, JEFFREY C 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042

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65-1086772

5. Certificate of Status Desired

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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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000844747 03/13/08-80011-013 150.00				
10.	OFFICERS AND DIREC	TORS	l						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNTHER, JEFFREY C 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042	,							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUNTHER, KERRY 17074 KINGFISH LANE WEST SUMMERLAND KEY, FL 33042								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP				·					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									

12. I hereby certify that the information supplied with this filling 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:** 

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 (3D5) 244-0929
Date Objective Phone 8