

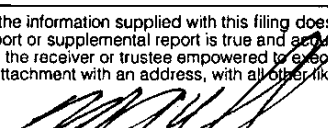


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 008 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P02000007060 1. Entity Name HORIZON PROMOTIONAL PRODUCTS, INC. | | | |  | |
| Principal Place of Business 2100 CORPORATE SQUARE BOULEVARD SUITE 101 JACKSONVILLE, FL 32216 US | | | Mailing Address 2100 CORPORATE SQUARE BOULEVARD SUITE 101 JACKSONVILLE, FL 32216 US | | |
| 2. Principal Place of Business - No P.O. Box # 9612 Sunbeam Center Dr. | | 3. Mailing Address 9612 Sunbeam Center Dr. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01172008 Chg-P CR2E034 (12/06) | |
| City & State Jacksonville FL | | City & State Jacksonville, FL | | 4. FEI Number 61-1402236 | |
| Zip 32257 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUFRESNE, DONALD M ESQ PARKER & DUFRESNE, P.A. 8777 SAN JOSE BLVD., STE. 301 JACKSONVILLE, FL 32217 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT CHAPPELL, DAVID A 405 E. WOODHAVEN DR. PONTE VEDRA BEACH, FL 32082 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CHAPPELL, CARMEN 405 E WOODHAVEN DR PONTE VEDRA BEACH, FL 32082 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| 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:  DAVID A. CHAPPELL 2/5/08 904.727.7724 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |