

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 015 ***150.00

DOCUMENT # P03000039691

1. Entity Name

NEW HORIZONS PROFESSIONAL DEVELOPMENT INC.



Principal Place of Business

1089 EAGLES WATCH TRAIL
WINTER SPRINGS FL 32708

Mailing Address

1089 EAGLES WATCH TRAIL
WINTER SPRINGS FL 32708



2. Principal Place of Business

1057 MAITLAND CTR

Suite, Apt. #, etc.

COMMONS BLVD. #102

City & State

MAITLAND FL

Zip
32714

Country

ORANGE

3. Mailing Address

1057 MAITLAND CTR.

Suite, Apt. #, etc.

COMM. BLVD. #102

City & State

MAITLAND FL

Zip
32714

Country

ORANGE

1st MOORE

CR2E034 (10/05)

4. FEI Number

32-0065061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULMAN, ERIC
1089 EAGLES WATCH TRAIL
WINTER SPRINGS FL 32708

*New
Address*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1057 MAITLAND CTR. COMM. BLVD. #102

City

MAITLAND

FL

Zip Code

32714

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)

4-25-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SHULMAN, ERIC
1089 EAGLES WATCH TRAIL
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
SHULMAN, SHARON
1089 EAGLES WATCH TRAIL
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC M. SHULMAN

Date

4-25-06 407-740-7355

Daytime Phone #