

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060777

FILED  
May 03, 2007  
Secretary of State

Entity Name: G.F. HORIZONS UNLIMITED INC.

## Current Principal Place of Business:

5482 TOUCHSTONE DRIVE  
ORLANDO, FL 32819 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 162587  
ALTAMONTE SPRINGS, FL 32716 US

## New Mailing Address:

FEI Number: 77-0601276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BORCHARDT, BRYON  
14 TAPPAN ZEE LANE  
LONGWOOD, FL 32750 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BORCHARDT, BRYON PRESIDE  
Address: 14 TAPPAN ZEE LANE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: V.P. ( ) Delete  
Name: CARIDI BORCHARDT, ANTOINETTE R VICE PR  
Address: 14 TAPPAN ZEE LANE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P. (X) Change ( ) Addition  
Name: BORCHARDT, ANTOINETTE R VICE PR  
Address: 14 TAPPAN ZEE LANE  
City-St-Zip: LONGWOOD, FL 32750

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: BRYON BORCHARDT

PRES

05/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date