


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000061310 1. Entity Name HORIZON BY-THE-SEA INN, INC.	
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Principal Place of Business 4229 NORTH OCEAN DR. A1A LAUDERDALE BY THE SEA, FL 33309	Mailing Address 4229 NORTH OCEAN DR. A1A LAUDERDALE BY THE SEA, FL 33309
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0047051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZYCH, JOHN
4229 N OCEAN DRIVE A1A
LAUDERDALE BY THE SEA, FL 33309

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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	PTD ZYCH, JOHN 4229 NORTH OCEAN DR. A1A LAUDERDALE BY THE SEA, FL 33309
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ZYCH, ROMUALDA 4229 NORTH OCEAN DR. A1A LAUDERDALE BY THE SEA, FL 33309
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02/07/06-80072-018 150.00

**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: J. Zych
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 854 7761391
Date Daytime Phone #