

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90009 041 ***150.00

DOCUMENT # P03000079430

1. Entity Name
NEW HORIZONS REALTY INTERNATIONAL, INC.



Principal Place of Business
**301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

Mailing Address
**301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

34012133



2. Principal Place of Business
2300 Gunn Road
Suite, Apt. #, etc.

3. Mailing Address
2300 Gunn Road
Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number
55-0841433

Applied For
Not Applicable

Zip
34746

Country
USA

Zip
34746

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LACEY-FREEMAN, TERENCE SR.
301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name
Terence Lacey-Freeman, Sr.
Street Address (P.O. Box Number is Not Acceptable)
2300 Gunn Road

City **Kissimmee** FL Zip Code **34746**

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 of person named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PD
LACEY-FREEMAN, TERENCE SR.
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LACEY-FREEMAN, TERENCE JR.
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHIPPER, JAMES R
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, T, D
Lacey-Freeman, Terence Sr.
~~2300 Gunn Road~~, Kissimmee, FL 34746
3261 S. JOHN YOUNG PKWY** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, S, D
Lacey-Freeman, Terence Jr.
~~2300 Gunn Road~~, Kissimmee, FL 34746
3261 S. JOHN YOUNG PKWY** ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Vice President

Date

Daytime Phone #

2/16/04 407-390-7340

Terence Lacey-Freeman Sr., Vice President