2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# P03000146192

Entity Name: HORIZON CLAIM SERVICES, INC.

Current Principal Place of Business:

1806 SPLIT FORK DR
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P O BOX 844
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-0462190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORATON, SERGIO
1806 SPLIT FORK DR
OLDSMAR, FL 34677 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

OFFICERS AND DIRECTORS:

Title: VP
Name: MCDONALD, CHAD B
Address: 1085 REFLECTIONS LAKE LOOP
City-St-Zip: LAKELAND, FL 33813

Title: VP
Name: MORATON, SERGIO
Address: 1806 SPLIT FORK DR
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: CHAD MCDONALD VP 01/09/2012

Electronic Signature of Signing Officer or Director — Date