

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000064651

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** NEW HORIZONS SUPPORTS & SERVICES INC.

**Current Principal Place of Business:**

3432 UPHILL TERRACE  
JACKSONVILLE,, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 351592  
JACKSONVILLE,, FL 32235

**New Mailing Address:**

3432 UPHILL TERRACE  
JACKSONVILLE,, FL 32225

**FEI Number:** 20-1079384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESHA, GERALDINE  
1219 DYAL STREET  
JACKSONVILLE,, FL 32206 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:** P  
**Name:** SEYMORE, MARICHAL B  
**Address:** 3432 UPHILL TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32225

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:** MARICHAL SEYMORE

CEO

05/01/2011

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

\_\_\_\_\_  
Date