

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034567

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: SUSAN BAKER - NEW HORIZONS INC

## Current Principal Place of Business:

P.O. BOX 5993  
HUDSON, FL 34674

## New Principal Place of Business:

6035 SEA RANCH DR  
HUDSON, FL 34674

## Current Mailing Address:

P.O. BOX 5993  
HUDSON, FL 34674

## New Mailing Address:

FEI Number: 20-4469915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LIGHTY, FRANK D  
8816 HUNTSMAN LANE  
PORT RICHEY, FL 34668      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAKER, SUSAN  
Address: 6035 SEA RANCH DR  
City-St-Zip: HUDSON, FL 34674

Title: VP ( ) Delete  
Name: BAKER, JESSICA  
Address: 8406 MOULTLEN DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete  
Name: BAKER, JUSTIN  
Address: 6035 SEA RANCH SR  
City-St-Zip: HUDSON, FL 34674

Title: TRE ( ) Delete  
Name: SHOOK, ANGEL  
Address: 8636 PAYTON DR  
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC ( ) Delete  
Name: BAKER, JON  
Address: 6035 SEA RANCH DR  
City-St-Zip: HUDSON, FL 34674

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN BAKER

PD

04/07/2007

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

\_\_\_\_\_  
Date