

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034567

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUSAN BAKER - NEW HORIZONS INC

Current Principal Place of Business:

6035 SEA RANCH DR
HUDSON, FL 34674

New Principal Place of Business:

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 ()

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 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: SUNAN BAKER

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date