2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034567

BAKER, JON

6035 SEA RANCH DR

HUDSON, FL 34674

Name:

Address:

City-St-Zip:

Entity Name: SUSAN BAKER - NEW HORIZONS INC

FILED Mar 31, 2009 Secretary of State

Littly Nai	ile. GOGANI	BARER - NEW HORIZONS	INC			
Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
6035 SEA I HUDSON,	RANCH DR FL 34674					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX (HUDSON,						
FEI Number:	20-4469915	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent	: Name and	Address of	New Registered Agent:	
	RANK D TSMAN LANE HEY, FL 3466					
	named entity e of Florida.	submits this statement for t	ne purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUF	RE:					
	Electror	nic Signature of Registered	Agent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (BAKER, SUSAI 6035 SEA RAN HUDSON, FL 3	CH DR	Title: Name: Address: City-St-Zip:	P (BAKER, SUSA 6035 SEA RA HUDSON, FL	NCH DR	
Title: Name: Address: City-St-Zip:	VP (BAKER, JESSI 8406 MOULTLI PORT RICHEY	EN DRIVE	Title: Name: Address: City-St-Zip:	VP (BAKER, JESS 8406 MOULT PORT RICHE	ON DRIVE	
Title: Name: Address: City-St-Zip:	VP (BAKER, JUSTII 6035 SEA RAN HUDSON, FL 3	CH SR	Title: Name: Address: City-St-Zip:	VP (BAKER, JUST 6035 SEA RA HUDSON, FL	NCH SR	
Title: Name: Address: City-St-Zip:	TRE (X SHOOK, ANGE 8636 PAYTON PORT RICHEY	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC () Delete	Title:	SEC (X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

BAKER, JON

8636 PAXTON DR

PORT RICHEY, FL 34668

SIGNATURE: SUSAN BAKER P 03/31/2009