

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090374

Entity Name: HORIZON INSURANCE AGENCY INC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

639 N FEDERAL HWY
POMPANO BEACH, FL 33062

New Principal Place of Business:

4201 N FEDERAL HWY
STE E
POMPANO BEACH, FL 33064

Current Mailing Address:

639 N FEDERAL HWY
POMPANO BEACH, FL 33062

New Mailing Address:

4201 N FEDERAL HWY
STE E
POMPANO BEACH, FL 33064

FEI Number: 20-5172678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMES, PAULO M
639 N FEDERAL HWY
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

GOMES, PAULO M
4201 N FEDERAL HWY
STE E
POMPANO BEACH, FL 33064 US

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: PAULO M GOMES

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMES, PAULO M
Address: 639 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: GOMES, FABIANA
Address: 639 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMES, PAULO M
Address: 4201 N FEDERAL HWY STE E
City-St-Zip: POMPANO BEACH, FL 33064

Title: ST (X) Change () Addition
Name: APPLGATE, FRED W III
Address: 4201 N FEDERAL HWY STE E
City-St-Zip: POMPANO BEACH, FL 33064

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: PAULO M GOMES

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date