2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

## ALTON APPROVED BOARD OF BUSINESS AND POLICIES AND DIRECTORS IN 11. ## ALTON APPROVED BY ACCOUNTY SET OF ADD OFFICE TO BY DUTYONS OF CHANGING THE ACCOUNTY SET OFFICE AND DIRECTORS IN 11. ## ALTON APPROVED BY ACCOUNTY SET OFFI ACCOUNTY SET OFF	DOCUMENT # P07000040206 1. Entity Name HORIZONS LANDSCAPING CORP						03-24-2008	8 90048 ()29 ***15	50.00	
## 4.15 WEST 200 AVENUE	Principal Place of Business Mailing Address										
Sailer, Apt. 4, etc. Sailer, Apt. 4, etc. 03132008 Chg.P CR2E034 (170/65) Applied For Cray & Sailer Cray & Saile	4415 WEST 2ND AVENUE		4415 WEST 2ND AVENUE								
Suite, Apt. 4, etc. Suite, Apt. 4, etc. O3132008 Chg.P CR2E034 (170/65)							1 			fii	
City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
September 1	Suite, Apt. #, etc.					•	CR2E03				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	City & State		City & State			4. FEI Number 20 - \$	761 283		Not	Applicable	
Replaced Agent Nome	Zip	Country	Zip	Country		5. Certificate o	f Status Desired				
Authority of the control of the cont		6. Name and Address of Current	Registered Agent	int-			Address of New R				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	···	o. Name and Address of Carron	registered regent		Name						
City FL Zip Code 8. The above named softly showle his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a sockasia. (NOTE Repatered Agent signature required when rematarray) FILE NOWHIT FEE IS \$150.00 After May 1, 2008 Fee will be \$\$50.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8b Added to Fee Added t	4415 WEST 2ND AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named eprity effortils this statesfront for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent agent and all an applications. (MOTE: Registered Agent agent) SIGNATURE	HIALEAH,	FL 33012									
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME OUINTANA, REINALDO R SIREE ADDRESS CITY-ST-ZIP TITLE NAME OITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TIT					City			FL	Zip Code	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME QUINTANA, REINALDO R 4415 WEST 2ND AVENUE HIALEAH, FL 33012 TITLE NAME SIREL ADDRESS CITY-ST-2P TITLE NAME NAME SIREL ADDRESS CITY-ST-2P TITLE NAME SIREL ADDRESS											
FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIFFECTORS TITLE P QUINTANA, REINALDO R SIREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST											
After May 1, 2006 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE QUINTANA, REINALDO R Delete ITILE											
TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME MAME STREET ADDRESS CITY-ST-2P TITLE MAME MAME MAME STREET ADDRESS CITY-ST-2P TITLE MAME MAME MAME MAME MAME MAME MAME MA	FILE NOWILL FEE 19 9 190 100 1										
NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS	10.	,	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	31N 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		! `	☐ Oelete		I				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	-	1		1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition	
CITY-ST-ZIP			22 2000						_ ′	_	
TITLE NAME STREET ADDRESS CITY-S1-ZIP					i						
NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP				-							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		Delete	- 6	1				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					•						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					i						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITL	E			-	☐ Change	☐ Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAM	Æ						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY	'-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OTHER OF THE TADDRESS CITY-ST-ZIP OTHER OF THE TADDRESS CITY-ST-ZIP OTHER OF TADDRESS CITY-ST-ZIP			☐ Delete		ł				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					i i						
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition											
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete	_					Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP				1					-= *		
					l l						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes. I further certify that the information indicated on this report or supplemental report is rule and accurate and that my 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 of the components of the corporation or the receiver of the components of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of			A					···			
	12. I nereby certify that the information supplies with this liting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier enablement and accurate and that my 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 of the composition of the receiver of the composition of the corporation of the receiver of the composition of the composition of the receiver of the composition of the composition of the receiver of the composition of the c										