2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Name HORIZON					O SEP 15	AH 11: 2					
Principal Place 6526 CENTR ST PETERSBU	AL AVENUE	:	Mailing Address 6526 CENTRAL AVENUE ST PETERSBURG, FL 33707			ALLAHASSEE, FLORIDA					
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt.	#, etc.		Suile, Apt. #, etc.				08182008	Chg-P	P CR2E034 (12/06)		
City & State			City & State				4. FEI Numbe		Applied For Not Applicable		
Zip Country			Zip Country				5. Certificate		\$8.75 Additional Fee Required		
	6. Namı	e and Address of Current I	Registered Agent				7. Name and	Address of New F	Registered .	Agent	
KAUFFMAN, JAY E 6526 CENTRAL AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)						
ST PETER	RSBURG,	FL 33707									
					City FL Zip Code)
		ty submits this statement for stered agent.	the purpose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of Fli	orida. Lam	familiar with,	and accept
SIGNATURE_	Signature, type	d or printed name of registered agent a	no litle il appicable. (NOTE	:: Registere	ıd Agent sıgnatu	re required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Trust Fund Contrib							00 May Be ed to Fees	In accordance corporation did			
10.		OFFICERS AND I	DIRECTORS	11.				CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
TIFLE NAME STREET ADDRESS			☐ Delete		ie Eet address	JAC ,428	s sonshi K Bines S sonshi	NE CT		Change	Addition
CITY-ST-ZIP			☐ Delete	CITY	r-ST-ZIP	LAR	60 FL	33774		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	nam Stri	1		4 0 09/18	0 0136 0 70801049	1 0 7 : 9023	_ •	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP			☐ Celete	1						☐ Change	Addition
indicated of the cor	l on this reportion or t	ort or supplemental report is the receiver <u>or trustee</u> empo	this filing does not qualify for true and accurate and that no wered to execute this report with all other like empowered.	ny signa as requ	iture shall hi	ave the s	same legal effec	t as if made under	oath; that I.	am an officer	or director
SIGNAT	URE: _	OR DIREC	TOR		8-19	7-08 Date		Daysmu Phone #			
		// //	-1/								<u>a ba</u>