


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000001346
1. Entity Name
HORIZON SUN, INC.



Principal Place of Business
421 TWIN LAKES DRIVE
PENSACOLA, FL 32504 US

Mailing Address
421 TWIN LAKES DR
PENSACOLA, FL 32504-6341 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3173236

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
STEPHENS, JAY F
421 TWIN LAKES DR
SUITE 220
PENSACOLA, FL 32504

**DO NOT WRITE
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when it is individual.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STEPHENS, WYLIE 421 TWIN LAKES DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, JAY F 421 TWIN LAKES DR PENSACOLA, FL
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	

U00000176464
01/10/05-80091-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wylie Stephens **WYLIE STEPHENS** 01/10/05 850-959-4445
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR