


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 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**



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3173236 Applied For
Not Applicable

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

6. 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

8. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
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04/18/06-80025-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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** 3/30/06 **850-957-4945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #