


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000001346**

1. Entity Name  
**HORIZON SUN, INC.**



Principal Place of Business      Mailing Address

421 TWIN LAKES DRIVE      421 TWIN LAKES DR  
 PENSACOLA, FL 32504 US      PENSACOLA, FL 32504-6341 US

**DO NOT WRITE IN THIS SPACE**



04302007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3173236      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 reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000759724  
 05/24/07-80055-012 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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, SECRETARY**    4/30/07    850-479-5848

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