

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028018

FILED
Feb 26, 2006
Secretary of State

Entity Name: HORIZON LAND SURVEYING, INC.

Current Principal Place of Business:

5531 S. RIDGEWOOD AVE.
UNIT #1
PORT ORANGE, FL 32129 US

New Principal Place of Business:

1404 WILLARD STREET
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

1404 WILLARD STREET
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3239867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KENNETH R
1404 WILLARD STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, KENNETH
Address: 1404 WILLARD STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete
Name: JONES, TAMMY J
Address: 1404 WILLARD ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY J. JONES

VP

02/26/2006

Electronic Signature of Signing Officer or Director

_____ Date