

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90338 033 ***150.00

DOCUMENT # P95000006721

1. Entity Name

P B HORIZONS, INC.



Principal Place of Business

13820 PARC DR
PALM BCH GDNS FL 33410
US

Mailing Address

701 NW 13TH STREET
B-1
BOCA RATON FL 33486
US

14000318



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jupiter, FL
33458 U.S.A.

City & State

Zip

Country

4. FEI Number 65-0568340

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GARSHELL, STEVEN 12a Wentworth Ct.
13820 PARC DR Jupiter, FL
PALM BEACH GARDENS FL 33410 33458

7. Name and Address of New Registered Agent

Name Garshell, Steven
Street Address (P.O. Box Number is Not Acceptable)
12a Wentworth Ct.
City Jupiter FL Zip 33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GARSELL, STEVEN ☐ Delete
STREET ADDRESS 13820 PARC DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D
NAME KLASFELD, JON ☐ Delete
STREET ADDRESS 701 NW 13 ST APT B-1
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 05
Date

368.5555
Daytime Phone #