

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

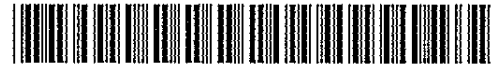
DOCUMENT # P95000091986

1. Entity Name
GRAND HORIZONS, INC.



Principal Place of Business
**7645 GREEN SLOPE DRIVE
ZEPHYRHILLS, FL 33541**

Mailing Address
**7645 GREEN SLOPE DRIVE
ZEPHYRHILLS, FL 33541**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2208769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEUKOM, GEORGE A JR.
38444 FIFTH AVENUE
ZEPHYRHILLS, FL 33540**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000553517
05/15/06-80051-025-150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEUKOM, GEORGE A JR.
STREET ADDRESS	38444 FIFTH AVENUE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	STD
NAME	MEYER, FREDERICK A
STREET ADDRESS	711 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 813 782 1866
Date Daytime Phone #