

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000008437

1. Entity Name

HORIZONS-SEBASTIAN, INC.



Principal Place of Business

P.O. BOX 780056
SEBASTIAN, FL 32978

Mailing Address

P.O. BOX 780056
SEBASTIAN, FL 32978



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0635298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THERIEN, RICHARD C
6601 110TH PLACE
SEBASTIAN, FL 32958

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

THERIEN, RICHARD C

STREET ADDRESS

6601 110TH PLACE

CITY- ST- ZIP

SEBASTIAN, FL 32958

TITLE

ST

NAME

JAWORSKI, RONALD P

STREET ADDRESS

9722 RIVERVIEW DRIVE

CITY- ST- ZIP

MICCO, FL 32976

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

000000012656
01/26/04-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Ronald P. Jaworski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

Date

772-664-6350

Daytime Phone #