



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90037 002 ***150.00

DOCUMENT # P97000055496					
1. Entity Name HORIZONS LAWN MANAGEMENT, INC.					
Principal Place of Business 12191 SILVER SADDLE DR JACKSONVILLE, FL 32258 US			Mailing Address 11250 OLD ST AUGUSTINE RD STE 15-340 JACKSONVILLE, FL 32257 US		
2. Principal Place of Business 11250-15 Old St. Augustine Rd. Suite, Apt. #, etc. Pmb 340 City & State Jacksonville FL Zip 32257 Country USA		3. Mailing Address 11250-15 Old St. Augustine Rd. Suite, Apt. #, etc. Pmb 340 City & State Jacksonville, FL Zip 32257 Country USA		50015949 	
01192005 Chg-P CR2E034 (10/03)				4. FEI Number 59-3419714	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLENN, GRADY R 12191 SILVER SADDLE DR. JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name: Grady R. Glenn Street Address (P.O. Box Number is Not Acceptable): 4263 Losco Road #1426 City: Jacksonville FL Zip Code: 32257		
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: <u>Grady R. Glenn</u> President / CEO DATE: <u>01/20/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GLENN, GRADY R 12191 SILVER SADDLE DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLENN, KAREN B 12191 SILVER SADDLE DR JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.					
SIGNATURE: <u>Grady R. Glenn</u>			01/20/05 (904) 463-5299		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		