

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055496

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HORIZONS LAWN MANAGEMENT, INC.

## Current Principal Place of Business:

11250-15 OLD ST AUGUSTINE RD  
PMB 340  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

## Current Mailing Address:

11250-15 OLD ST AUGUSTINE RD  
PMB 340  
JACKSONVILLE, FL 32257 US

## New Mailing Address:

FEI Number: 59-3419714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLENN, GRADY R CEO  
11250-15 OLD ST. AUGUSTINE ROAD, 340  
JACKSONVILLE, FL 32257 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: CEO ( ) Delete  
Name: GLENN, GRADY R  
Address: 4364 KINCARDINE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR ( ) Change (X) Addition  
Name: STRUASS, JAMES J  
Address: 800 KINSLEY AVE. APT. #83  
City-St-Zip: JACKSONVILLE, FL 32073

Title: DIR ( ) Change (X) Addition  
Name: HAMPTON, DAVID A  
Address: 5611 RESA TERRACE  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify 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: GRADY R. GLENN

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date