

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000073698 1. Entity Name PROJECT HORIZON, INC.	
--	---

Principal Place of Business 4801 EXECUTIVE PARK COURT BLDG 200, SUITE 208 JACKSONVILLE, FL 32216	Mailing Address 4801 EXECUTIVE PARK COURT BLDG 200, SUITE 208 JACKSONVILLE, FL 32216
---	---



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3513985	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent NORMAN P. FREEDMAN, P.A. 525 N. NEWNAN ST. JACKSONVILLE, FL 32202
--

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC FREEDMAN, MICHAEL K 1951 OCEAN DR S #4A JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEDMAN, BARNEY 525 N. NEWNAN ST. JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIGHT, DAVID E 8195 SHADY GROVE RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000349750
05/02/05-80078-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 904.332.0450
Date Daytime Phone