


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 018 ***150.00

DOCUMENT # 997000078906	
1. Entity Name Horizon Interprises of the South, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4260 Kimbell Rd Suite, Apt. #, etc. Jackson Co. City & State Greenwood, FL Zip 32443 Country USA	3. Mailing Address P.O. Box 592 Suite, Apt. #, etc. City & State Greenwood, FL Zip 32443 Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3468290		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Daniel W. Gorbet Street Address (P.O. Box Number is Not Acceptable) 4260 Kimbell Rd P.O. Box 592 City Greenwood FL Zip Code 32443		

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 **Daniel W. Gorbet** DATE **3-28-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gorbet, Daniel W 4260 Kimbell Rd Greenwood, FL 32443	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Daniel W. Gorbet** 3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-28-05** Daytime Phone #

CR2E034B (12/02)

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

DOCUMENT # P97000078906

1. Entity Name

HORIZON INTERPRISES OF THE SOUTH, INC.



40043084

Principal Place of Business

~~2925 NEW HOPE RD~~ ~~MARIANNA FL 32448~~
4260 Kimball Rd
Greenwood, FL

Mailing Address

~~P.O. BOX 58~~ ~~MARIANNA FL 32447~~
P.O. Box 592
Greenwood, FL
32443

2. Principal Place of Business

Same (Jackson Co.)
4260 Kimball Rd

3. Mailing Address

P.O. Box 592

City & State

Greenwood FL

City & State

Greenwood FL

Zip

32443

Country

USA

Zip

32443

Country

USA

4. FEI Number

59-3468290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

GORBET, DANIEL W
2925 NEW HOPE RD
MARIANNA FL 32448
4260 Kimball Road
Greenwood, FL

7. Name and Address of New Registered Agent

Name

MOORE
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GORBET, DANIEL W
STREET ADDRESS 2925 NEW HOPE RD
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #