


FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90022 032 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000002878 1. Entity Name HORIZON MARKETING GROUP, INC.					
Principal Place of Business 475 CENTRAL AVE SUITE 403 SAINT PETERSBURG, FL 33701			Mailing Address POST OFFICE BOX 20350 ST PETERSBURG, FL 33742		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3486413	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, ROBERT III 3900 14TH ST NE SAINT PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, ROBERT III 3900 14TH ST NE ST PETERSBURG, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWE, ROBERT F JR 7063 HAWKINS RD SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ROBERT JR 1046 44TH AVE N E ST PETERSBURG, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TINDALL, BRYN C 54 ROSER DR. GLASTONBURY, CT 06033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1197 NEIPSIC RD GLASTONBURY, CT 06033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARPER, WILLIAM R 519 CARR LANE TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1197 NEIPSIC RD. GLASTONBURY, CT 06033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TINDALL, JENNIFER C 54 ROSER DR GLASTONBURY, CT 06033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert F Howe</u> ROBERT F HOWE			2-5-08 941 924 4995		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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