

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-07-2008 90114 035 ***150.00

DOCUMENT # P98000080243	
1. Entity Name HORIZONTAL SUBSURFACE SYSTEMS, INC.	

Principal Place of Business 9 DEL PRADO BOULEVARD N CAPE CORAL FL 33914	Mailing Address 9 DEL PRADO BOULEVARD N CAPE CORAL FL 33909
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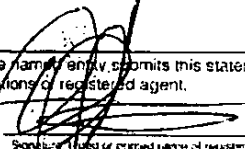
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent JUSTICE, DONALD 9 DEL PRADO BOULEVARD N CAPE CORAL FL 33914	
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4. FEI Number 65-0955494	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
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 	DATE

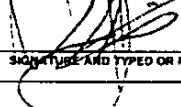
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	JUSTICE, DAN K
STREET ADDRESS	9 DEL PRADO BOULEVARD N
CITY - ST - ZIP	CAPE CORAL FL 33909
TITLE	☐ Delete
NAME	JUSTICE, JAMES W
STREET ADDRESS	9 DEL PRADO BOULEVARD N
CITY - ST - ZIP	CAPE CORAL FL 33909
TITLE	☐ Delete
NAME	JUSTICE, DONALD
STREET ADDRESS	9 DEL PRADO BOULEVARD N
CITY - ST - ZIP	CAPE CORAL FL 33909
TITLE	☐ Delete
NAME	
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
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE	Daytime Phone
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