


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000017188. 1. Entity Name HORIZONS LAND HOLDING, INC.	
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Principal Place of Business 901 CASALINO RD FORT PIERCE, FL 34945	Mailing Address 901 CASALINO RD FORT PIERCE, FL 34945
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0915280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASALINO, CHARLENE
901 CASALINO RD
FORT PIERCE, FL 34945

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	110000122294 04/21/04-80023-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASALINO, LOUIS 901 CASALINO RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASALINO, CHARLENE 901 CASALINO RD FORT PIERCE, FL 34945
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**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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlene Casalino 4/20/04 772-461-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #