

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 048 ***150.00

DOCUMENT # P99000053187

1. Entity Name

HORIZONS UNLIMITED PRESCHOOL, INC.



Principal Place of Business

1122 W ORANGE AVE
 TALLAHASSEE FL 32310

Mailing Address

1122 W ORANGE AVE
 TALLAHASSEE FL 32310



2. Principal Place of Business - No P.O. Box #

1122 W. Orange Avenue

3. Mailing Address

1122 W. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3584881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

323

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, HELEN M
 1120 SUMTER AVE.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Cheryl A. White-Johnson
 Street Address (P.O. Box Number is Not Acceptable): 1122 W. Orange Avenue
 City: Tallahassee
 State: FL Zip Code: 32310

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

Cheryl A. White-Johnson

Signature, typed or printed name of registered agent and title (Applicable)

(MOORE Registered Agent (optional required when available))

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOHNSON, CHERYL WHITE	988 BALKIN RD.	TALLAHASSEE FL 32305	<input type="checkbox"/>
D	WHITE-BARNES, KAREN	3461 SALTASH LANE	TALLAHASSEE FL 32317	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 info empowered.

SIGNATURE:

Cheryl White-Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #