

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

1st MOORE CR2E034 (10/07)

City & State
Tallahassee, FL

City & State
Tallahassee FL

4. FEI Number
59-3584881

Applied For
 Not Applicable

Zip Country
323

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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
Tallahassee
 City **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 to MOORE Registered Agent application required when substituting)

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 **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: **Cheryl White-Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #