

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053187

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** HORIZONS UNLIMITED PRESCHOOL, INC.

**Current Principal Place of Business:**

112 W. ORANGE AVENUE  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

1122 W. ORANGE AVENUE  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

1122 W ORANGE AVE  
TALLAHASSEE, FL 32310

**New Mailing Address:**

**FEI Number:** 59-3584881      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHITE-JOHNSON, CHERYL A  
1122 W. ORANGE AVENUE  
TALLAHASSEE, FL 32310      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** JOHNSON, CHERYL WHITE  
**Address:** 988 BALKIN RD.  
**City-St-Zip:** TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL WHITE-JOHNSON

MRS.

02/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date