


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000094538					
1. Entity Name NEW HORIZONS PROPERTY MANAGEMENT, INC.					
Principal Place of Business 2300 DOUGLAS ST #7 HOLLYWOOD FL 33020			Mailing Address 2300 DOUGLAS ST #7 HOLLYWOOD FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0984247	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, GAIL W 717 SW 8TH STREET DANIA FL 33004			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, MICHAEL K		NAME		
STREET ADDRESS	6620 SW 20TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIRAMAR FL 33023		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRAY, JAKE		NAME		
STREET ADDRESS	742 SW 4TH ST		STREET ADDRESS		
CITY- ST- ZIP	DANIA BEACH FL 33004		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDUFFIE, BETTYE C		NAME		
STREET ADDRESS	10961 TAFT ST		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PINES FL 33026		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, BOB		NAME		
STREET ADDRESS	219 SW 21ST WAY		STREET ADDRESS		
CITY- ST- ZIP	FT LAUDERDALE FL 33312		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCTAVIO, ALLEN		NAME		
STREET ADDRESS	2254 DOUGLAS ST		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD FL 33020		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Jake McCray</i></u>			4/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone if		



1st MOORE CR2E034 (10/04)

UND000340069
04/28/05-80102-003 150.00