

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094538

FILED
Feb 19, 2009
Secretary of State

Entity Name: NEW HORIZONS PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

2300 DOUGLAS ST #7
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2300 DOUGLAS ST #7
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0984247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, GAIL W
717 SW 8TH STREET
DANIA, FL 33004 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: ANDERSON, MICHAEL K
Address: 6620 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MCCRAY, JAKE
Address: 742 SW 4TH ST
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: MCDUFFIE, BETTYE C
Address: 10961 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: OCTAVIO, ALLEN
Address: 2254 DOUGLAS ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GAIL W JONES

A

02/19/2009

Electronic Signature of Signing Officer or Director

Date