

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90065 013 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000097298					
1. Entity Name HORIZON INSURANCE GROUP, INC.					
Principal Place of Business P.O. BOX 697 SILVER SPRINGS, FL 34489			Mailing Address P.O. BOX 697 SILVER SPRINGS, FL 34489		
2. Principal Place of Business - No P.O. Box # 1396 NE 20TH AVE Suite, Apt. #, etc. BLD. 500		3. Mailing Address Suite, Apt. #, etc.			
City & State OCALA, FL		City & State		4. FEI Number 59-3599142	
Zip 34470		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, LARRY W 2719 NE 25TH STREET OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8792 SE 19th AVE, RD. City OCALA FL Zip Code 34480		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCELFRESH, SHAWN M 2719 NE 25TH STREET OCALA, FL 34470		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, LARRY W 2719 NE 25TH STREET OCALA, FL 34470		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Shawn M. Mcelfresh</i> PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-07 352-369-4970 <small>Date Daytime Phone #</small>		