

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S92958**

1. Entity Name  
NEW HORIZONS UNLIMITED, INC.



Principal Place of Business

104 N. MAGNOLIA DR.  
TALLAHASSEE, FL 32301-2636

Mailing Address

104 N. MAGNOLIA DR.  
TALLAHASSEE, FL 32301-2636



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3102395

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BETTS, BENJAMIN F.  
104 N MAGNOLIA DR.  
TALLAHASSEE, FL 32302

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000973393  
04/10/08-80076-024 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
METZNER, T. C.  
701 S. BROAD ST.  
THOMASVILLE, GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
METZNER, BRENDA H  
701 S BROAD ST  
THOMASVILLE, GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Mar 2008  
Date Daytime Phone #