


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # V62950 1. Entity Name WORLD HORIZONS INC.	
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Principal Place of Business 910 SW 12TH AVE POMPANO BEACH, FL 33069 US	Mailing Address 7769 TRIESTE PLACE DELRAY BCH, FL 33446 US
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0368478	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIBISH, RALPH
7769 TRIESTE PLACE
DELRAY BCH, FL 33446

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWEIBISH, RALPH 7769 TRIESTE PLACE DELRAY BCH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIBISH, SHARON 7769 TRIESTE PLACE DELRAY BCH, FL 33446
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04/01/05-80028-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RALPH SCHWEIBISH 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #