

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 006 ***150.00

DOCUMENT # F06000002508

1. Entity Name

HORIZON COMMERCIAL GROUP, INC.



Principal Place of Business

355 CRAWFORD STREET SUITE 410
PORTSMOUTH VA 23704

Mailing Address

355 CRAWFORD STREET SUITE 410
PORTSMOUTH VA 23704



2. Principal Place of Business - No P.O. Box #

311 County St.,
Suite, Apt. #, etc.
Suite 203

3. Mailing Address

311 County Street
Suite, Apt. #, etc.
Suite 203

2nd MOORE

CR2E034 (4/07)

City & State

Portsmouth, VA

City & State

Portsmouth, VA

4. FEI Number

54-1655286

Applied For

Not Applicable

Zip

23704

Country

USA

Zip

23704

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAOIMSKY, ROBERT J
4348 LONG LEAF DRIVE
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

8/03/2007

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDP ☐ Delete
NAME LEARY, ROBERT C
STREET ADDRESS 4225 FOXXGLEN RUN
CITY-ST-ZIP CHESAPEAKE VA 23321

TITLE S ☒ Delete
NAME LEARY, SUZANNE C
STREET ADDRESS 4225 FOXXGLEN RUN
CITY-ST-ZIP CHESAPEAKE VA 23321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Treasurer ☒ Change ☐ Addition
NAME Robert C. Leary
STREET ADDRESS 4301 Ainslie Court S.
CITY-ST-ZIP Suffolk, VA 23434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President/Secretary ☐ Change ☒ Addition
NAME Josefine M. Noguera
STREET ADDRESS 5610 Rivermill Circle
CITY-ST-ZIP Portsmouth, VA 23703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

8/03/2007 (157)393-7590

Date

Daytime Phone #