

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90050 023 \*\*\*150.00

**DOCUMENT # J00137**

1. Entity Name  
HORIZON RESORTS, INC.



Principal Place of Business

~~3500 S. ATLANTIC AVE.~~  
~~NEW SMYRNA BEACH, FL 32160~~ **US**  
2950 Guinevere Drive  
Titusville, FL 32780

Mailing Address

P.O. BOX ~~8298~~ **695**  
TITUSVILLE, FL ~~32782~~ **32781** **US**

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2660914**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RUTA, T R  
~~3500 S. ATLANTIC AVE., SUITE 400-B~~  
~~NEW SMYRNA BEACH, FL 32160~~  
2950 Guinevere Drive  
Titusville, FL 32780

**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 restate)

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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RUTA, R. STEVEN
STREET ADDRESS	PO BOX 3826
CITY - ST - ZIP	ORLANDO, FL 32802
TITLE	STD
NAME	RUTA, JOHN R.
STREET ADDRESS	4776 NEW BROAD STREET SUITE 100
CITY - ST - ZIP	ORLANDO, FL 32814
TITLE	D
NAME	SCHOFIELD, EDWARD L
STREET ADDRESS	2970 GUINVERE DR.
CITY - ST - ZIP	TITUSVILLE, FL 32780
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

**4-16-08**

Date

**386-680-1585**

Daytime Phone #