

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 017 ****61.25

DOCUMENT # N93000004444

1. Entity Name
HORIZON WEST, INC.



Principal Place of Business
**105 WEST PLANT ST.
WINTER GARDEN, FL 34787**

Mailing Address
**P.O. BOX 770606
WINTER GARDEN, FL 34787-0606**

94005541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3204674

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, LESTER
105 WEST PLANT ST.
WINTER GARDEN, FL 34787**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **AUSTIN, LESTER**
CITY-ST-ZIP **105 W PLANET ST
WINTER GARDEN, FL 34787**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PHILLIPS, DON**
CITY-ST-ZIP **219 FLORAL
OCOE, FL 34761**

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

TITLE ☒ Delete
NAME **T/D**
STREET ADDRESS **AMON, JACK**
CITY-ST-ZIP **219 W. OAKLAND AVE.
OAKLAND, FL 34760**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JUNE, RANDY**
CITY-ST-ZIP **71 E. CHURCH ST.
ORLANDO, FL 32801**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KARR, JIM**
CITY-ST-ZIP **201 S. ORANGE AVE, STE. 1010
ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME **T/D**
STREET ADDRESS **Jim Karr**
CITY-ST-ZIP **527 main st.
Windermere, FL 34786**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURCH, BILLY**
CITY-ST-ZIP **905 W. STORY RD.
WINTER GARDEN, FL 34787**

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 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 617, 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

Date

Daytime Phone #

T/D

1/28/04

407-876-8848