2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004444

1. Entity Name
HORIZON WEST, INC.

Principal Place of Business	Mailing Address
105 WEST PLANT ST. WINTER GARDEN, FL 34787	P.O. BOX 770606 WINTER GARDEN, FL 34787-0606

02222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3204674
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000265528
03/16/05-80060-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUSTIN, LESTER
STREET ADDRESS	105 W PLANET ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	PD
NAME	PHILLIPS, DON
STREET ADDRESS	219 FLORAL
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	D
NAME	JUNE, RANDY
STREET ADDRESS	71 E. CHURCH ST.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD
NAME	KARR, JIM
STREET ADDRESS	527 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	BURCH, BILLY
STREET ADDRESS	905 W. STORY RD.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: √ _____ 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #