2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90131 025 ****61.25

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

2. Principal Place of Business	3. Mailing Address
219 Floral St.	219 Floral St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Ocoee, FL
Zip: 34761 Country: USA	Zip: 34761 Country: USA

03092006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
AUSTIN, LESTER 105 WEST PLANT ST. WINTER GARDEN, FL 34787	Name: DON PHILLIPS Street Address (P.O. Box Number is Not Acceptable): 219 FLORAL ST City: OCOEE FL Zip Code: 34761

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: Don Phillips, President DATE: 03-09-06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTIN, LESTER 105 W PLANET ST WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILLIPS, DON 219 FLORAL OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUNE, RANDY 71 E. CHURCH ST. ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 232 S. Dillard St. Suite 232 Winter Garden, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KARR, JIM 527 MAIN ST. WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURCH, BILLY 905 W. STORY RD. WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Don Phillips DON PHILLIPS 03-09-06 407-656-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #