

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90413 035 \*\*\*\*61.25

<b>DOCUMENT # N93000004444</b>					
<b>1. Entity Name</b> HORIZON WEST, INC.					
<b>Principal Place of Business</b> 219 FLORAL ST OCOEE, FL 34761			<b>Mailing Address</b> 219 FLORAL ST OCOEE, FL 34761		
<b>2. Principal Place of Business - No P.O. Box #</b> 141 TERRA MANGO LOOP		<b>3. Mailing Address</b> 141 TERRA MANGO LOOP		40007510  	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B		04222008    Chg-NP    CR2E037 (12/06)	
City & State ORLANDO, FL		City & State ORLANDO, FL		<b>4. FEI Number</b> 59-3204674	
Zip 32835		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PHILLIPS, DON 219 FLORAL ST OCOEE, FL 34761			<b>7. Name and Address of New Registered Agent</b> Name: PHILLIPS, DON Street Address (P.O. Box Number is Not Acceptable): 141 TERRA MANGO LOOP Suite, Apt. #, etc.: SUITE B City: ORLANDO    FL    Zip Code: 32835		
<b>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.</b>					
SIGNATURE: <u>Don Phillips, Pres.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4-22-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D ARDAMAN, A. KURT 170 E WASHINGTON ST ORLANDO, FL 32801	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D ARDAMAN, A. KURT 1947 LEE ROAD WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD PHILLIPS, DON 219 FLORAL OCOEE, FL 34761	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD PHILLIPS, DON 141 TERRA MANGO LOOP, SUITE B ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D JUNE, RANDY 232 S DILLARD ST STE 232 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD KARR, JIM 527 MAIN ST. WINDERMERE, FL 34786	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D BURCH, BILLY 905 W. STORY RD. WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Don Phillips</u> DON PHILLIPS				DATE: <u>4-22-08</u> 407-297-7244	