

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90199 034 ***150.00

DOCUMENT # P02000100957 1. Entity Name HORIZON OPTICAL CORPORATION			
Principal Place of Business 12635 US HWY 19 #11 HUDSON, FL 34667		Mailing Address 12635 US HWY 19 #11 HUDSON, FL 34667	
2. Principal Place of Business 2623 Grand Blvd		3. Mailing Address 2623 Grand Blvd	
Suite, Apt. #, etc. # 316		Suite, Apt. #, etc. # 316	
City & State Holiday FL		City & State Holiday FL	
Zip 34690		Zip 34690	
Country U.S.A.		Country USA	
4. FEI Number 14-1846611		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CICIRETTI, ALEXANDER A 10100 VANCOUVER ROAD SPRING HILL, FL 34608		7. Name and Address of New Registered Agent Name Steve Bjerksett Street Address (P.O. Box Number is Not Acceptable) 5701 Golden Nugget Dr City Holiday FL Zip Code 34690	
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 <u><i>Steve Bjerksett</i></u> (NOTE: Registered Agent's signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CICIRETTI, ALEXANDER A 10100 VANCOUVER ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BJERKSETT, STEVEN 12635 US HWY 19 #11 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5701 Golden Nugget Dr Holiday, FL 34690 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Steve Bjerksett</i></u> PRCS		Date <u><i>5/1/06</i></u> Daytime Phone # _____	