

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000097598

Entity Name: HORIZON WINDOWS INC.

FILED
Sep 23, 2005
Secretary of State

Current Principal Place of Business:

120 TRIPLE DIAMOND BLVD
SUITE E
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

120 TRIPLE DIAMOND BLVD
SUITE E
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 80-0075262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOFFSINGER, ARTHUR R
7862 MCPHAIL AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: NOFFSINGER, BRENDA R
Address: 7862 MCPHAIL AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: P () Delete
Name: NOFFSINGER, ARTHUR R
Address: 7862 MCPHAIL AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOFFSINGER, AURTHUR R
Address: 7862 MCPHAIL AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: V (X) Change () Addition
Name: CARSON, BROOKS S
Address: 235 FOUR KNOT LANE
City-St-Zip: OSPREY, FL 34229 US

Title: T/S () Change (X) Addition
Name: CARSON, DOUGLAS T
Address: 155 SEA ANCHOR DRIVE
City-St-Zip: OSPREY, FL 34229 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS T. CARSON

T/S

09/23/2005

Electronic Signature of Signing Officer or Director

Date