2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111485

Entity Name: HORIZON REPAIRS INC.

FILED May 01, 2005 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	LER STREE	ΞΤ			
SUITE C FT. MYERS	S, FL 33901				
Current Mailing Address:		New Mailing Address:			
3789 FOWI SUITE C	LER STREE	ET			
	6, FL 33901				
El Number:	20-0297473	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
3789 FOWI SUITE C	ON, SHAW LER STREE 5, FL 33901	ĒΤ			
n the State	of Florida.	y submits this statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
n the State	of Florida. RE:				
n the State SIGNATUR	of Florida. RE:Electr	onic Signature of Registered Ag	ent	stered office or registered agent, or both, Date	
n the State SIGNATUR	of Florida. RE: Electrice with s. 607.		ent		
n the State SIGNATUR n accordanc Election Cam	of Florida. RE: Electrice with s. 607.	onic Signature of Registered Agr 193(2)(b), F.S., the corporation did no ing Trust Fund Contribution ().	ent ot receive the prior notice.		
n the State BIGNATUR n accordance Election Cam DFFICERS Title: Jame: Address:	of Florida. EE: Electr se with s. 607. paign Finance S AND DIRE	ronic Signature of Registered Agr 193(2)(b), F.S., the corporation did no ing Trust Fund Contribution (). ECTORS: () Delete RIGANDI ER STREET	ent ot receive the prior notice.	Date	
n the State SIGNATUR n accordanc Election Cam	e with s. 607. paign Finance AND DIRE MICHAEL, B 3789 FOWL FT MYERS,	ronic Signature of Registered Agr 193(2)(b), F.S., the corporation did no ing Trust Fund Contribution (). ECTORS: () Delete RIGANDI ER STREET	ADDITIONS/CH/ Title: Name: Address: City-St-Zip: Title: CEO Name: RALS Address: 3789	Date ANGES TO OFFICERS AND DIRECTOR	

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: MICHAEL BRIGANDI P 05/01/2005