

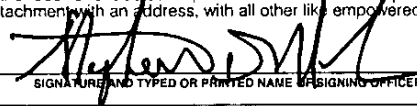


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90070 024 ***150.00

DOCUMENT # P37235 1. Entity Name HORIZON CONSTRUCTION COMPANY					
Principal Place of Business 415-B WINKLER DR ALPHARETTA, GA 30004			Mailing Address 415-B WINKLER DR SUITE 100 ALPHARETTA, GA 30004		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 415-B Winkler Drive Suite, Apt. #, etc.			
City & State Alpharetta GA		City & State Alpharetta GA		4. FEI Number 58-1939516	
Zip 30004		Country For synth		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAM, MARC A 709 LINCOLN AVE LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DC MICHAM, STEPHEN D. 5004 HICKORY HILLS DR WOODSTOCK, GA 30188	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WHITE, WADE J. 120 ANTIOCH PLACE CANTON, GA 30115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MICHAM, STEPHEN D. 5004 HICKORY HILLS DR WOODSTOCK, GA 30188	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			3/30/05 770-772-0303 Date Daytime Phone #		