

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90227 040 ***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
ALPHARETTA, GA 30004**

60001661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number
58-1939516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	☐ Delete
NAME	MICHAM, STEPHEN D.	
STREET ADDRESS	5004 HICKORY HILLS DR	
CITY-ST-ZIP	WOODSTOCK, GA 30188	
TITLE	DPS	☐ Delete
NAME	WHITE, WADE J.	
STREET ADDRESS	120 ANTIOCH PLACE	
CITY-ST-ZIP	CANTON, GA 30115	
TITLE	VPT	☐ Delete
NAME	MICHAM, STEPHEN D.	
STREET ADDRESS	5004 HICKORY HILLS DR	
CITY-ST-ZIP	WOODSTOCK, GA 30188	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	305 Crown Court	
CITY-ST-ZIP	Canton, GA 30115	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	305 Crown Court	
CITY-ST-ZIP	Canton, GA 30115	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

770-772-0303

Date

Daytime Phone #