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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90200 049 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000089742

1. Corporation Name

HORIZON SHUTTERWORKS INC.

Principal Place of Business

2918 SW 4TH PL.  
CAPE CORAL FL 33907

Mailing Address

2918 SW 4TH PL.  
CAPE CORAL FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

65-0874938

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 13180 N Cleveland

2a. Mailing Address

26 2918 SW 4th Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #112

27

City & State

23 Ft. Myers, FL

City & State

28 Cape Coral, FL

Zip

24 33903

Country

25 USA

Zip

29 33914

Country

30 USA

9. Name and Address of Current Registered Agent

BARKER, R. SCOTT  
12699 NEW BRITTANY BLVD.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Angela Ziegler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZIEGLER, JESSE  
STREET ADDRESS 2918 SW 4TH PL.  
CITY-ST-ZIP CAPE CORAL FL 33907

TITLE D ☐ DELETE

NAME SCHOONOVER, JOE  
STREET ADDRESS 218 S.E. 25TH LN.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition

1.2 NAME Angela Ziegler  
1.3 STREET ADDRESS 2918 SW 4th Pl  
1.4 CITY-ST-ZIP Cape Coral FL

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Jesse Ziegler

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Chairman of the Board ☒ Change ☐ Addition

3.2 NAME Joe Schoonover

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela Ziegler* Angela Ziegler 4-27-99 941-458-4594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)