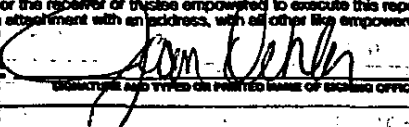


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

05-27-2004 90017 010 ***550.00

DOCUMENT # P99000082673			
1. Entity Name Horizon Inspection SVC ✓			
Principal Place of Business 1616-102 W. Cape Coral Pkwy #134 Cape Coral FL 33914		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Joan Dehler 2732 SW 17th Ave Cape Coral, FL 33914		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 5/24/04	
Signature, print or print name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES. NAME Joan Dehler STREET ADDRESS 1616-102 W Cape Coral Pkwy CITY-ST-ZIP Cape Coral FL 33914	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 		DATE 5/24/04 (234) 573-4858	
Signature and typed or printed name of signing officer or director		Date	

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01142004 Chg-P CR2E034 (10/03)

4. FEI Number 165-09526518 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**