


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 006 ***150.00

DOCUMENT # S27043			
1. Entity Name HORIZON DUPLICATION INC.			
Principal Place of Business 713 INDUSTRY RD LONGWOOD, FL 32750 US		Mailing Address 713 INDUSTRY RD LONGWOOD, FL 32750 US	
2. Principal Place of Business - No P.O. Box # 841 Nicolet Ave		3. Mailing Address 841 Nicolet Ave	
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. #5	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country USA	Zip 32789	Country USA

40000001



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3047086

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

SCHIMPF, PETER J.
713 INDUSTRY RD
LONGWOOD, FL 32750
841 Nicolet Ave #5
Winter Park, FL 32789

7. Name and Address of New Registered Agent

Name **Peter J. Schimpf**
Street Address (P.O. Box Number is Not Acceptable)
841 Nicolet Ave #5
Winter Park
City **FL** Zip Code **32789**

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 *Peter J. Schimpf*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 23, 2008
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIMPF, PETER J 21 NW IVANHOE BLVD ORLANDO, FL 32804	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter J. Schimpf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008 *407-645-5856*
Date Daytime Phone #