## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V72511

Entity Name: HORIZONS WEST RENTAL CORPORATION

FILED Mar 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6140 MIDNIGHT PASS RD SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 6140 MIDNIGHT PASS RD SARASOTA, FL 34242 FEI Number: 65-0365071 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUKALLA, JOSEPH M 6140 MIDNIGHT PASS ROAD SARASOTA, FL 34242 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MUKALLA, JOSEPH M. Name: Name: 6140 MIDNIGHT PASS ROAD Address: Address: City-St-Zip: SARASOTA EL City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: PEPPE JAMES Name: 6140 MIDNIGHT PASS RD. Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BARNETT, DOUGLAS Name: Name: 6145 MIDNIGHT PASS RD. Address: Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition MACADAMS, JOHN HAIDET, JEFF Name: Name: Address: 6140 MIDNIGHT PASS RD. Address: 6140 MIDNIGHT PASS RD. City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: ( ) Delete Title: () Change () Addition HOPES, HARRY Name: Name: 6140 MIDNIGHT PASS RD. Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: HAIDET, JEFF Name: PETTIT, JIMT 6140 MIDNIGHT PASS RD. 6140 MIDNIGHT PASS RD. Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. MUKALLA T 03/28/2007