

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90062 018 ***150.00

DOCUMENT # 322731
 1. Entity Name
BILL THROWER CO., INC.



Principal Place of Business Mailing Address
4120 UNIVERSITY BLVD CT **4120 UNIVERSITY BLVD CT**
JACKSONVILLE FL 32217 **JACKSONVILLE FL 32217**

40013003



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1196068 Not Applicable

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

6. Name and Address of Current Registered Agent
THROWER, WILLIAM W.
4120 UNIVERSITY BLVD. COURT
JACKSONVILLE FL 32217

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	THROWER, WILLIAM W	
STREET ADDRESS	4120 UNIVERSITY BLVD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THROWER DOROTHY C.	
STREET ADDRESS	418 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	THROWER, WILLIAM W. JR.	
STREET ADDRESS	4120 UNIVERSITY BLVD. COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POUNDERS, BETTY L.	
STREET ADDRESS	7230 LEM-TURNER CIR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 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: *W. Thrower* *E.O.B.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #