


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 322731 1. Entity Name BILL THROWER CO., INC.	
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FILED
Aug 29, 2008 08:00 AM
Secretary of State

Principal Place of Business 4120 UNIVERSITY BLVD CT JACKSONVILLE, FL 32217	Mailing Address 4120 UNIVERSITY BLVD CT JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1196068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THROWER, WILLIAM W.
4120 UNIVERSITY BLVD. COURT
JACKSONVILLE, FL 32217

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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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	COB THROWER, WILLIAM W 4120 UNIVERSITY BLVD CT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THROWER DOROTHY C. 418 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO THROWER, WILLIAM W. JR. 4120 UNIVERSITY BLVD. COURT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/29/08-80004-011 550.00

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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: W W Thrower COB William W. Thrower SR 8/25/08 904 7390702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone