


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 415186
 1. Entity Name
BILL THORNTON INC.



Principal Place of Business Mailing Address
U.S. HIGHWAY 17 SOUTH **U.S. HIGHWAY 17 SOUTH**
P.O. BOX 69 **P.O. BOX 69**
EAGLE LAKE FL 33839 **EAGLE LAKE FL 33839**



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

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1449299 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THORNTON, WILLIAM M
HWY 17 SOUTH
EAGLE LAKE FL 33839

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> Delete
NAME	THORNTON, STEPHEN	
STREET ADDRESS	7129 CRYSTAL BEACH RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PO	<input type="checkbox"/> Delete
NAME	THORNTON, WILLIAM M	
STREET ADDRESS	138 ODIN DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THORNTON, DOROTHY H	
STREET ADDRESS	138 ODIN DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

U00000525432
 05/04/06-80034-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stephen R Thornton* **Stephen R Thornton 4-21-06 863-534-154**