

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90058 044 ***150.00

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1. Entity Name
BILLY, MARC, SCOTT, INC.



Principal Place of Business
**433 8TH AVE. WEST
PALMETTO, FL 34221**

Mailing Address
**433 8TH AVE. WEST
PALMETTO, FL 34221**

40028331



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0600394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHULTZ, ROBERT H
6150 S.R. 70 E BLDG 6170-311
BRADENTON, FL 34203**

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALLIS, SCOTT B
STREET ADDRESS	433 8TH AVE W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VSD
NAME	KALLIS, MARC S
STREET ADDRESS	433 8TH AVE W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	TD
NAME	KALLINS, WILLIAM J
STREET ADDRESS	433 8TH AVE W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VSD
NAME	EDWARD S. KALLINS
STREET ADDRESS	433 8TH AVE W
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06

941 749 1446