## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 277598**

Entity Name: BILLY'S SHELL SERVICE INC.

HART, BILLY R

3238 NW 52ND PLACE

GAINESVILLE, FL 32653

Name:

Address: City-St-Zip: FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1521 N.W. 13TH STREET 4515 S W 29TH AVENUE GAINESVILLE, FL 32601 GAINESVILLE, FL 32608 **Current Mailing Address: New Mailing Address:** 4515 S W 29TH AVENUE 1521 N.W. 13TH STREET GAINESVILLE, FL 32601 GAINESVILLE, FL 32608 FEI Number: 59-1032271 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: PHILLIPS, WILLIAM L 1206 NW 120TH WAY GAINESVILLE, FL 32606 US 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 PHILLIPS, WILLIAM L., Name: Name: 1206 NW 120TH WAY Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: ( ) Delete Title: Title: () Change () Addition PHILLIPS, DEBRA R. Name: Name: 1206 NW 120TH WAY Address: Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM L PHILLIPS DP 01/19/2009