

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 351930

Entity Name: M. BILT ENTERPRISES, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1 WELL BILT DRIVE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-1367480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILT, CAROLYN  
1 WELL BILT DR.  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BILT, CAROLYN  
Address: 1 WELL BILT DRIVE  
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN BILT

PVST

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date