


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 695333 1. Entity Name DENNIS M. BILL, P.A. |  |
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|--|---|
| Principal Place of Business 12414 SHAWNEE TR LARGO, FL 33774 | Mailing Address 12414 SHAWNEE TR LARGO, FL 33774 US |
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04172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2110881 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BILL, DENNIS M
12414 S SHAWNEE TR
LARGO, FL 34644

**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 certifying) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000121833 04/21/04-80005-006 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP BILL, DENNIS M 12414 SHAWNEE TR LARGO, FL 33774 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis M. Bill **4-17-04** **727-595-0527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #