

2007 FOR PROFIT CORPORATION ANNUAL REPORT

MAILED 3-12-FILED

Mar 14, 2007 08:00 AM

Secretary of State

P.O. Box 6198
Tallahassee, FL 32317

WITH CHECK #1631
\$150.00 03-11-2007



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2065280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # F22508

1. Entity Name
BILL TOY ASSOCIATES INC.



Principal Place of Business
**% WILLIAM W TOY
511 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address
**% WILLIAM W TOY
511 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TOY, WILLIAM W
511 ANDROS ALNE
INDIAN HARBOUR BEACH, FL 32937**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TOY, WILLIAM W
511 ANDROS LANE
IND HARBR BCH, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000665172
03/23/07-80017-011 150.00

**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: _____

William W. Toy

03-11-2007

(321)773-5805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #