## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 07, 2008 8:00 am Secretary of State DOCUMENT # G46637 1. Entity Name 08-07-2008 90064 027 \*\*\*150.00 BILLER-CARDINAL, INC. Principal Place of Business Mailing Address 812 GARLAND AVE. 812 GARLAND AVE. NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 59-2305596 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICK SPRING/SPRING & ASSOC. Street Address (P.O. Box Number is Not Acceptable) 2720 E. OAKLAND PARK BLVD. STE 102 FORT LAUDERDALE FL 33306 City Zip Code 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 requirer) when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies i Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Delete TITLE TITLE NAME BILLER, THOMAS NAME STREET ADDRESS 812 GARLAND AVE STREET ADDRESS CITY-ST-ZIP NOKOMIS FL CITY-ST-ZIP ☐ Delete TITLE TITI F Addition ☐ Change NAME BILLER, DITMAR NAME STREET ADDRESS 812 GARLAND AVENUE STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 00000 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fand 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 his 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 office like my gowered.

SIGNATURE:

ING OFFICER OR DIRECTOR

lug 1st 2008

**FILED**