


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90416 022 \*\*\*150.00

<b>DOCUMENT # J11309</b>	
1. Entity Name <b>BILL'S AIRPORT SERVICE, INC.</b>	

Principal Place of Business <b>12 ROYAL PALM WAY 12-302 BOCA RATON FL 33432 US</b>	Mailing Address <b>1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483 US</b>
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2. Principal Place of Business	3. Mailing Address <b>12 ROYAL PALM WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 302</b>
City & State	City & State <b>BOCA RATON FL</b>
Zip	Country
<b>33432</b>	<b>US</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2676995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BALLERANO, JAMES A. JR. 1201 GEORGE BUSH BLVD DELRAY BEACH FL 33483</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZAROU, WILLIAM 12 ROYAL PALM WAY#12-302 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAROU, ELIZABETH 12 ROYAL PALM WAY#12-302 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Lazarou **WILLIAM LAZAROU** 4/5/04 561-395-5696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #