

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # K04695 1. Entity Name CALL BILL BACKHOE, INC.	
--	---

Principal Place of Business 101425 OVERSEAS HWY # 603 KEY LARGO FL 33037 US	Mailing Address 4990 SW 52ND ST SUITE 211 FT. LAUDERDALE FL 33314 US
---	--

2. Principal Place of Business Suite, Apt #, etc City & State Zip Country	3. Mailing Address Suite, Apt #, etc City & State Zip Country
---	---



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0032525	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent SELBY, EDITH 470 SW PETERSBURG TERRACE PLANTATION FL 33325
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 required when reinstating)	DATE
---	--	------

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SELBY, EDITH E. 470 SW PETERSBURG TERR PLANTATION FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELBY, WILLIAM H. 470 SW PETERSBURG TERR PLANTATION FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 1100000358543 05/04/05-80116-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edith E. Selby* **DST** **4/28/05** **954791-86**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #