

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 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**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0032525</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SELBY, EDITH  
470 SW PETERSBURG TERRACE  
PLANTATION, FL 33325**

**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 restate[ing])

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000950652  
06/03/08-80073-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DST
NAME	SELBY, EDITH E.
STREET ADDRESS	470 SW PETERSBURG TERR
CITY-ST-ZIP	PLANTATION, FL 33325

TITLE	DP
NAME	SELBY, WILLIAM H.
STREET ADDRESS	470 SW PETERSBURG TERR
CITY-ST-ZIP	PLANTATION, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Edith E. Selby DST 4/29/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #