

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91230 006 ***150.00

DOCUMENT # L10740



1. Entity Name
BILL'S AUTO AIR, INC.

Principal Place of Business
BILL'S AUTO AIR
1619 PARK COMMERCE COURT
ST. CLOUD, FL 34769 US

Mailing Address
BILL'S AUTO AIR
1619 PARK COMMERCE COURT
ST. CLOUD, FL 34769 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2973836

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAFTON, WILLIAM
1619 PARK COMMERCE CT
ST CLOUD, FL 34769

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 _____ 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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAFTON, WILLIAM W.	
STREET ADDRESS	2651 ANN AVENUE 1619 Park Commerce St	
CITY-ST-ZIP	KISSIMMEE, FL St Cloud FL 34769	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAFTON, LINDA A.	
STREET ADDRESS	2651 ANN AVENUE 1619 Park Commerce St	
CITY-ST-ZIP	KISSIMMEE, FL St Cloud, FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Internet would not let changes be done.

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: *Linda A Grafton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-04** Daytime Phone #: **407-892-2599**