


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**


04-25-2005 90318 016 \*\*\*150.00

DOCUMENT # L10740 1. Entity Name BILL'S AUTO AIR, INC.	
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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
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50044285

**DO NOT WRITE IN THIS SPACE**

	
04072005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2973836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAFTON, WILLIAM W 1619 PARK COMMERCE CT SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRAFTON, LINDA A 1619 PARK COMMERCE CT SAINT CLOUD, FL 34769
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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 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 Linda A. GRAFTON 4-21-05 892-2599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #