## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AH	<u> </u>	Jan 31, 2006 08:00 AM
DOCU	MENT # P00000055	728		Secretary of State
BILL AIR,	INC.			
Principal Place of Business		Mailing Address		
13542 SE 115TH AVE OCKLAWAHA FL 32179		PO BOX 1265 OCKLAWAHA FL 32183		
2. Principal Place of Business		3. Mailing Address		1,150,050 )
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOORE CRZE034 (10/05)
City & State		City & State		4. FEI Number 59-3652892 Applied For Not Applied For
Zip	Country	Zip .	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
SPEARMAN, PAUL W JR.			Name	
13542 SE 115TH AVE. OCKLAWAHA FL 32179		<u> </u>	Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statemen trans of registered agent.	t for the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or primed name of registered ag	TON) eldscalage it also the the	E. Registered Agent signature rec	wred when remoting) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550. k Payable to Florida Department			9. Election Campaign Financing \$5.00 May C Trust Fund Contribution.  Added to Fees
10.	OFFICERS AT	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THILE	D	☐ Detete	BILE	☐ Change ☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP	SPEARMAN, PAUL W JR. 13542 SE 115TH AVE. OCKLAWAHA FL 32179	·	NAME STREET AGORESS CITY- ST- ZIP	02/03/06-80001-013 150.00
TITLE NAME		☐ Delete	THEE NAME	☐ Change ☐ Aidiffi
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZRP	☐ Change ☐ AAFR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deicte	ITILE NAME SIRELI ACCINESS CITY-SI-ZIP	☐ Change ☐ Addisin
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITCE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addisc
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	DILE NAME STREET ADDRESS CHY-ST-ZP	☐ Change ☐ Ade <sup>ad</sup>
indicated of the cor	on this report or sumplemental report	rt is true and accurate and that r mpowered to execute this repor	ny signature shall have It as required by Chapte	ained in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED** 

1-25-16 201,200,2000