

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90152 022 ***150.00

DOCUMENT # P01000040899 1. Entity Name BIL-MAR ENTERPRISES OF JACKSONVILLE, INC.			
Principal Place of Business 8565 MALLORY ROAD # 8 JACKSONVILLE, FL 32210		Mailing Address 9684 STANFORD BRIDGE DR JACKSONVILLE, FL 32221	
2. Principal Place of Business 6973 Highway Ave Suite, Apt. #, etc. Unit # 103 City & State Jacksonville, FL Zip 32234 Country Duval		3. Mailing Address 6973 Highway Ave Suite, Apt. #, etc. Unit # 103 City & State Jacksonville, FL Zip 32234 Country Duval	
4. FEI Number 59-3750874		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, WILLIAM R SR 9684 STANFORD BRIDGE DRIVE JACKSONVILLE, FL 32221		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 <u>X <i>William R. McCarthy</i></u> DATE <u>4/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP MCCARTHY, WILLIAM R SR 9684 STANFORD BRIDGE DRIVE JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCCARTHY, MARIA I 9684 STANFORD BRIDGE DRIVE JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Maria McCarthy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/06</u> (904) 695-2487 <small>Daytime Phone #</small>	

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