


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 049 ***150.00

DOCUMENT # P01000040899 1. Entity Name BIL-MAR ENTERPRISES OF JACKSONVILLE, INC.					
Principal Place of Business 6973 HIGHWAY AVE UNIT 103 JACKSONVILLE, FL 32234 (see below)			Mailing Address 6973 HIGHWAY AVE UNIT 103 JACKSONVILLE, FL 32234 (see below)		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip <u>32254</u> Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip <u>32254</u> Country			
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 (see below) JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VP McCarthy, William R. Sr. 14659 Moore Branch Rd. Jacksonville, FL 32234	<input checked="" 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	TS McCarthy, Maria I 14659 Moore Branch Rd. Jacksonville, FL 32234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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>Maria McCarthy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/07 (904) 704-8322 <small>Date Daytime Phone #</small>		