2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P01000071980 1. Entity Name 04-24-2007 90019 039 ***150.00 BILLMAR METAL DESIGN, INC. Principal Place of Business Mailing Address 6190 NE 185TH TERR WILLISTON FL 32696 PO BOX 669 WILLISTON FL 32696 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3736018 City & State City & State Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent w stevens STEVENS, RONALD W ESQ. 6190 NE 185TH TERR Street Address (P.O. Box Number is Not Acceptable) Hathawa WILLISTON FL 32696 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. Fam familiar with, and accept the obligations of registered agent SĮGNATURE Signature, typed or printed name of registered agent and title - applicable *NCFE Registered Agent signature required when reinstaturg) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIII. Delete THE Change Addition STANLEY, GEORGE W NAME 6190 NE 185TH TERR STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 CHY-S1-ZIP CITY-SI-ZIP HHE Delete TITLE Change Addition COURTNEY, NANCY NAME NAME 15930 NE 60TH ST. STREET ADDRESS STREET ADORESS WILLISTON FL 32696 CHY-ST-ZIP CHY SI-7IP THEF Delete ☐ Change **X** Addition HILLE SOCKLYN NAME SHEET ADDRESS GRO HE DIRECT ADDRESS CHY-ST-7IP CITY - ST - ZIP HILF Detete □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY SI- ZIP HILE ☐ Delete TATLE Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP IIIIE ☐ Delete TOTE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

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