


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90019 039 ***150.00

DOCUMENT # P01000071980

1. Entity Name
BILLMAR METAL DESIGN, INC.



Principal Place of Business
 6190 NE 185TH TERR
 WILLISTON FL 32696

Mailing Address
 PO BOX 669
 WILLISTON FL 32696



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
STEVENS, RONALD W ESQ.
6190 NE 185TH TERR
WILLISTON FL 32696

7. Name and Address of New Registered Agent
 Name: **Ronald W Stevens Esq.**
 Street Address (P.O. Box Number is Not Acceptable): **280 E Hathaway Ave**
 City: **Bronson** FL Zip Code: **32621**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title - applicable *NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
P	STANLEY, GEORGE W	6190 NE 185TH TERR	WILLISTON FL 32696	<input type="checkbox"/>
	COURTNEY, NANCY	15930 NE 60TH ST.	WILLISTON FL 32696	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Ronald Stevens Ronald Stevens	6051 NE 185th Terr	Williston, FL 32696	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	JACKLYN Stanley	6190 NE 185th Terr	Williston, FL 32696	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____