


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000117358</b> 1. Entity Name <b>BILLY GOAT, INC.</b>	
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Principal Place of Business <b>4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746</b>	Mailing Address <b>4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746</b>
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**DO NOT WRITE IN THIS SPACE**



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0575203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NICKLES, JAMES L JR. 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

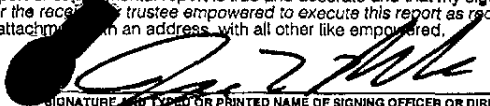
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000172037 09/09/04-800008-003 558.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKLES JR, JAMES L 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKLES, STEVEN J 4436 WHITE OAK CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLES, JAMES L 4426 WHITE OAK CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered 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 to this report, with all other like empowered.

**SIGNATURE:**  **4/4/04** **407-390-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #