

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb-13-2004 08:00 AM
Secretary of State

DOCUMENT # P01000119419

1. Entity Name
BILLDALES, INC.



Principal Place of Business

**5105 LOG WAGON RD.
OCOE, FL 34761**

Mailing Address

**5105 LOG WAGON RD.
OCOE, FL 34761**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0383619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SERENO, WILLIAM E
5105 LOG WAGON RD.
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000050863
02/16/04-80027-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERENO, WILLIAM E 5105 LOG WAGON RD. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERENO, MARTHA D 5105 LOG WAGON RD. OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William E Sereno* **William E. Sereno** 2/10/04 407-654-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #