## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**



## **FILED** Mar 27, 2007 8:00 am Secretary of State

DOCUMENT # P01000119419 . 03-27-2007 90019 006 \*\*\*150.00 BILLDALES, INC. Principal Place of Business Mailing Address ANNARLOS **201 E BAY ST** 201 E BAY ST WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 330 E. Flam + K + 3. Mailing Address 330 E. Plant St. Suite, Apt. #, etc Suite, Apt. #, etc. 03022007 Cha-P CR2E034 (12/06) City & Spate City & State 4. FEI Number Applied For linter 03-0383619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERENO, WILLIAM E eno 204 F BAY ST change of Address3-1-2007 WINTER GARDEN, FL 34787 GARden 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. 3/9/06 (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Addition SERENO, WILLIAM E NAME NAME STREET ADDRESS 9123 BATON ROUGE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-7IP TITLE n ☐ Delete ☐ Change □ Addition SERENO, MARTHA D NAME STREET ADDRESS 9123 BATON ROUGE DR STREET ADDRESS  $q^{t}$ CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.