2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000008124 Entity Name J & G BILLS FAMILY CORPORATION

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90190 037 ***150.00

| Principal Place of Business 3950 RCA BLVD 5000 PALM BEACH GARDENS, FL 33410 | | | Mailing Address 3950 RCA BLVD 5000 PALM BEACH GARDENS, FL 33410 | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|---|---|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt, #, etc. | | | | 01312005 | Ch | g-P | CR2E0 | 34 (10/03) | |
| City & State | | | City & State | | | | | | | | | pplied For ot Applicable |
| | | | | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered A | | | | | Nome | | 7. Name and | Addres | s of New | Registered A | gent | • |
| GARY, JOHN W III 702 US HWY ONE, STE 402 NORTH PALM BEACH, FL 33408 | | | | | | dress (F | P.O. Box Numb | er is Not | Acceptab | le) | | |
| | | | | | City | | | | | FL | Zip Coo | le |
| tions of regis | tered agent. | | | | | _ | | th, in the | State of F | lorida. I am f | amiliar with | , and accept |
| E NOWI!! ay 1, 200 | FEE IS \$150.00 5 Fee will be \$550 | į. | | - | icing | | d to Fees | | | | | |
| | OFFICERS ANI | D DIRECTORS | | - | | | ADDITIONS, | /CHANG | ES TO OF | FICERS AND | | · · · · · · · · · · · · · · · · · · · |
| BILLS, JO 3950 RC | 33410 | NAME Stree | | et address | | | | | | Change | ☐ Addition | |
| 3950 RC | A BLVD. #5000 | 33410 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | ☐ Change | Addition |
| | · | | ☐ Delete | NAM STRE | E Et address | | | | | | ☐ Change | Addition |
| | | | ☐ Delete | NAM STRE | e et address | | | | | | ☐ Change | ☐ Addition |
| | | | ☐ Delete | NAM Stre | e et address | | | | | | ☐ Change | ☐ Addition |
| | | | □ Delete | NAM Stre City | E Et address -St-Zip | | | | | | ☐ Change | Addition |
| | BARDENS, Place of Busin #, etc. 6. Name 6. Name HIN W III MY ONE, ALM BEA Signature, types E NOWIII ay 1, 200 DPS BILLS, JG 3950 RC, PALM BE DVT BILLS, G 3950 RC, PALM BE | A GARDENS, FL 33410 Place of Business #, etc. Country 6. Name and Address of Current HN W III MY ONE, STE 402 ALM BEACH, FL 33408 Comment of registered agent. Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS ANI DPS BILLS, JOHN C IV 3950 RCA BLVD #5000 PALM BEACH GARDENS, FL DVT BILLS, GINGER 3950 RCA BLVD. #5000 PALM BEACH GARDENS, FL | A GARDENS, FL 33410 A GARDENS, FL 33410 A GARDENS, FL 33410 A Mailin #, etc. Country City & Country City & Country City & Country A Mailin A Mailin A Mailin City & Country Zip 6. Name and Address of Current Registered A MN W III MY ONE, STE 402 ALM BEACH, FL 33408 A Mailin A Mailin A Mailin A Mailin City & Country Zip 6. Name and Address of Current Registered A MN W III MY ONE, STE 402 ALM BEACH, FL 33408 A Mailin A Ma | A GARDENS, FL 33410 A GARDENS, FL 33410 A GARDENS, FL 33410 A Mailing Address #, etc. B Country B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY B Name and Address of Current Registered Agent COUNTRY COUNTRY B Name and Address of Current Registered Agent COUNTRY COU | A GARDENS, FL 33410 A GARDENS, FL 33410 A GARDENS, FL 33410 A Mailing Address A, etc. B Country A State Country City & State Country A State Country Country Country Country Country Country Coun | AGRICA BLVD 5000 AGRICA BLVD 5000 AGRICA BLVD 5000 ALM BEACH GARDENS, FL 33410 All BEACH GARDENS, FL 33410 All BEACH GARDENS, FL 33410 All BEACH GARDENS, FL 33410 Country Zip Country Zip Country All BEACH GARDENS Briest Acceptable City & State City & State City & State City & State City Briest Acceptable City C | And BEACH, FL 33410 Agree of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country S. Name and Address of Current Registered Agent HN W III MY ONE, STE 402 ALM BEACH, FL 33408 City anamed entity submits this statement for the purpose of changing its registered office or registered ions of registered agent. Signature, typed or printed runne of registered agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required agent and take # applicable. [NOTE Registered Agent signature required | And the content of the purpose of changing its registered office or registered agent, or bottons of registered agent. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or printer name of impattered agent and the flagshoaste. Summer, hybrid or registered agent, or bottons of registered agent, or bo | # dec. Suite, Apt. #, etc. O1312005 Ch. # oc Cliy & State J. Mailing Address J. | Same Same | Second Part Second Part | JAME STREET JACONESS JAME JACONESS JAME STREET JACONESS JAME ST |

I nereoy ceruly that the information supplied with this filling 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 preference in 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 additions, with all other like in powered.

SIGNATURE: