2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

FILED ORPORATION Apr 16, 2008 8:00 am Secretary of State

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DOCUMENT # P02000126129					04-16-2008 90034 012 ***150.00				
BILL PER	EZ GARAGE DOOR SER\	VICES, INC.] (
Principal Plac	e of Business	Mailing Address	1		┪	- ~ ~ ~ 4	(00		
8307 DRYCREEK DRIVE		-	8307 DRYCREEK DRIVE						
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04102008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State	City & State		4. FEI Numbe			Ap	plied For
7:			1 -		65-116	1623			t Applicable
Zip	Country	Zíp	Country	y	5. Certificate	of Status Desired	\$	8.75 Add	itional
	6. Name and Address of Curren	t Registered Agent		-	7. Name and	Address of New Re			
				Name					
PEREZ, WILLIAM A 8307 DRYCREEK DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33615		ŀ	•					,
	•		-	City		 	FL	Zip Code	
	named entity submits this statement fi	or the purpose of changing	its registered	d office or regist	tered agent, or bot	h, in the State of Flori	ida. I am fa	miliar with,	and accept
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered ager	It and title if applicable. (f	NOTE: Registered A	Agent signature requi	red when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Carr. Trust Fund C		ing \$	5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND C	DIRECTORS	S IN 11
TITLE	PVD	☐ Delete	TITLE					Change	☐ Addition
NAME	PEREZ, WILLIAM A		NAME						
STREET ADDRESS CITY-ST-ZIP	8307 DRYCREEK DRIVE TAMPA: FL 33615		CITY-S	ADDRESS					
TITLE	174W 74.42 00010	☐ Delete	TITLE					Change	Addition
NAME		Delete	NAME				1		radiilon
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP	A 3.		CITY+S	T-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME CIRCET ADDRESS			NAME	1000000					
STREET ADDRESS CITY-ST-ZIP			STREET CITY+S	ADDRESS					
0111-31-21	I		■ OII 1+3	11.50.					

STREET ADDRESS
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.

TITLE

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Change --

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Addition

Addition

■ Addition

SIGNATURE: William A. Perez 4-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Proces

Delete

☐ Delete

☐ Delete