2005 FOR PROFIT CORPORATION

2005 08:00 AM

ANNUAL REPORT				May 13, 2005 08:00 A		
DOCUMENT # P03000053099 1. Entity Name BILLY DOWNS CONSTRUCTION INC.					Secr	etary of State
Principal Place 175 COLSON CUDJOE KEY		Mailing Address 175 COLSON DR. CUDJOE KEY, FL 33042		- - 		ANNES ANITA ININ ARNIA NASIA DENEMINI KATA
C	OO NOT WRITE		CE	05102005 4. FEI Numb 11-369	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
175 COLS	6. Name and Address of Current S, JESSICA ON DR. KEY, FL 33042	Registered Agent		_	NOT WI	
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 reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finant Trust Fund Contribution. 10. OFFICERS AND DIRECTORS				5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMONS, JESSICA 175 COLSON DR. CUDJOE KEY, FL 33042	DIRECTORS			U00000 05/13/05-	1366627 -80012-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNS, WILLIAM K 175 COLSON DR. CUDJOE KEY, FL 33042			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N .,		IN .	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(325)304 6031