

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000087886

1. Entity Name
BILLTOWN ASSOCIATES, INC.



Principal Place of Business
**12911 VENTANA COURT
DADE CITY, FL 33525**

Mailing Address
**12911 VENTANA COURT
DADE CITY, FL 33525**

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0147662

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAIDLO, JAMES R
12911 VENTANA COURT
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

6. 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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000534567
05/08/06-80017-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAIOLO, JAMES SR.
STREET ADDRESS 12911 VENTANA COURT
CITY-ST-ZIP DADE CITY, FL 33525

TITLE VP
NAME MAIOLO, JAMES JR.
STREET ADDRESS 12911 VENTANA COURT
CITY-ST-ZIP DADE CITY, FL 33525

TITLE S
NAME MAIOLO, MICHAEL
STREET ADDRESS 12911 VENTANA COURT
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

4/22/06 352-588-0150