2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am ~ Secretary of State

1. Entity Name BILLY WILLIAMS INC.									02-13-2006	90040 C)21 ***15	0.00
Principal Place of Business 1256 RINGTAIL ROAD VENICE, FL 34293 US		1	Mailing Address 1256 RINGTAIL ROAD VENICE, FL 34293 US									
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.		;	Suite, Apt. #, etc.				02082006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Numb 20-031	•			oplied For	
Zip	Zip Country		:	Zíp Count					of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered	Agent	
WALLIAMS	BILLY					Name		•				
WILLIAMS, BILLY 1256 RINGTAIL-ROAD VENICE, FL 34293							ddress (I	P.O. Box Numb	er is Not Acceptabl	e)		
,						City				FL	Zip Cod	le
8. The above	named entit	y submits this state	ement for the p	ourpose of changing its	register	ed office o	r register	ed agent, or bo	oth, in the State of Fl		familiar with,	and accept
SIGNATURE.		or printed name of registe	ored agest and bile	d codinable (MO)	T. Basistan			when rainstating)		DATE		
	Signature, typeo	or printed name or registe	ered agent and the	supecacie. (NO	C. DOUISIUIT	ia Agent signat						
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		FEE IS \$150. 6 Fee will be		9. Election Campa Trust Fund Con	aign Fina		\$5.	00 May Be		- Jane		
After M	ay 1, 200	6 Fee will be		Trust Fund Con	aign Fina	ncing	\$5. Add	00 May Be ed to Fees	/CHANGES TO OFF		O DIRECTOR	S IN 11
After M.	ay 1, 200	6 Fee will be	\$550.00	Trust Fund Con	aign Fina tribution.	ncing	\$5. Add	00 May Be ed to Fees ADDITIONS			O DIRECTOR ☐ Change	S IN 11
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Indicated on this report or supplied with this filling 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:

941-266-5438 Daysirre Phone N