2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115163

1. Entity Name
BILLY'S HOME REPAIRS INC.

Principal Place of Business	Mailing Address
11854 PERSIMMON BLVD. ROYAL PALM BEACH, FL 33411	11854 PERSIMMON BLVD. ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

04262006   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, WILLIAM T
11854 PERSIMMON BLVD.
ROYAL PALM BEACH, FL 33411

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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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

00000551654
05/13/06-80109-003   150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	ATKINS, WILLIAM T	
STREET ADDRESS	11854 PERSIMMON BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	
NAME	ATKINS, RITA H	
STREET ADDRESS	11854 PERSIMMON BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _William T. Atkins_ William T. Atkins   4/27/06   5617919900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #