

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128985

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: DEAN T. BILLE CARPENTRY, INC.

## Current Principal Place of Business:

8016 EHREN CEMETERY RD.  
LAND O LAKES, FL 34639

## New Principal Place of Business:

## Current Mailing Address:

8016 EHREN CEMETERY RD.  
LAND O LAKES, FL 34639

## New Mailing Address:

FEI Number: 37-1478791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILLE, DEAN  
8016 EHREN CEMETERY RD.  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BILLE, DEAN  
Address: 8016 EHREN CEMETERY RD.  
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete  
Name: BILLE, LISA  
Address: 8016 EHREN CEMETERY RD.  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete  
Name: BROWN, CHRISTOPHER  
Address: 5408 DEERBROOKE CREEK CR.  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN BILLE

PST

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date