


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000150977 1. Entity Name BILLINSTALLS, INC.	
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7462 BURLINGAME DRIVE SOUTH JACKSONVILLE, FL 32211	Mailing Address 7462 BURLINGAME DRIVE SOUTH JACKSONVILLE, FL 32211
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------



05312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2221480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REID, WILLIAM A JR.
7462 BURLINGAME DRIVE SOUTH
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP REID, WILLIAM A JR. 7462 BURLINGAME DRIVE SOUTH JACKSONVILLE, FL 32211
------------------------------------------------	------------------------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T REID, WILLIAM A JR 7462 BURLINGAME DRIVE SOUTH JACKSONVILLE, FL 32211
------------------------------------------------	-----------------------------------------------------------------------------------------------

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	
------------------------------------------------	--

11000000377868
09/07/05-80013-001 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A Reid Jr
WILLIAM A REID JR

9-2-05

9047432987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #