2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000150977

1. Entity Name
BILLINSTALLS, INC.

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

DO NOT WRITE IN THIS SPACE

08302007 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2221480

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P,VP
NAME	REID, WILLIAM A JR.
STREET ADDRESS	7462 BURLIGAME DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	S, T
NAME	REID, WILLIAM A JR
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TITLE	
NAME	
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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 A. Reid WILLIAM A. REID JR 8-31-07 (904)7432987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #