2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000000670

1. Entity Name
MICHAEL BILLIPS, INC.

Principal Place of Business	Mailing Address
8311 GOODRICH STREET SPRING HILL, FL 34606	8311 GOODRICH STREET SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE

04022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0531318	Not Applicable

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

6. Name and Address of Current Registered Agent

BILLIPS, MICHAEL A
8311 GOODRICH STREET
SPRING HILL, FL 34606

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 $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H00000311661 04/18/05-80050-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BILLIPS, MICHAEL A
STREET ADDRESS	8311 GOODRICH STREET
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: X *Michael Billips*   X 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #