


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

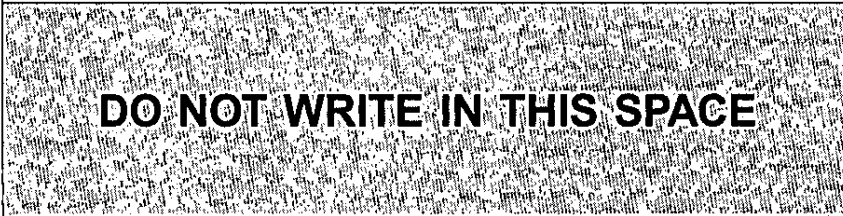
DOCUMENT # P04000000670

1. Entity Name  
 MICHAEL BILLIPS, INC.



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

Mailing Address  
 8311 GOODRICH STREET  
 SPRING HILL, FL 34606



05082008 No Chg-P CR2E034 (11/05)

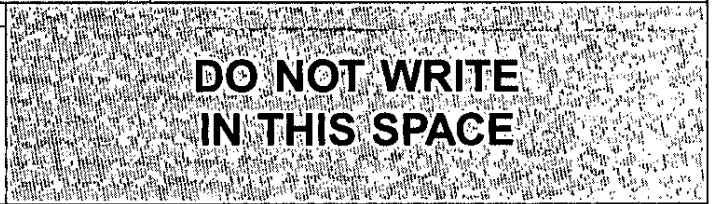
4. FEI Number  
 20-0531318

Applied For  
 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



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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000958791  
 09/03/08 00002 020 150.00

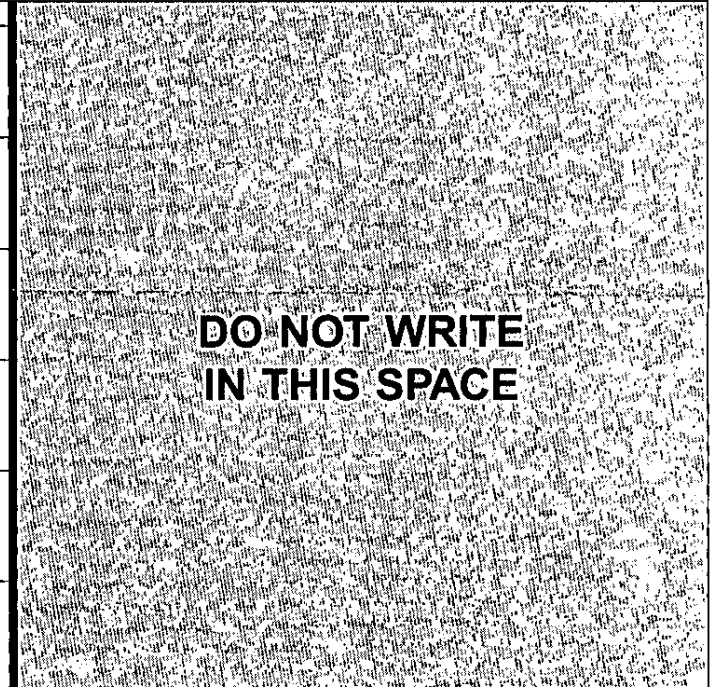
**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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



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: Michael A Billips      Date: 08-22-08

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