

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90097 014 \*\*\*150.00

DOCUMENT # P04000011152

1. Entity Name  
BILL PIXTON ENTERPRISES INC.



Principal Place of Business  
2649 PAGODA DR.  
CLEARWATER, FL 33764

Mailing Address  
2649 PAGODA DR.  
CLEARWATER, FL 33764

50050137



2. Principal Place of Business  
1633 Plaza Place  
Suite, Apt. #, etc.

3. Mailing Address  
1633 Plaza Place  
Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State  
Tarpon Springs, FL  
Zip 34689 Country USA

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Tarpon Springs, FL  
Zip 34689 Country USA

4. FEI Number 20-2405082  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PIXTON, WILLIAM  
2649 PAGODA DR.  
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name  
Pixton William  
Street Address (P.O. Box Number is Not Acceptable)  
1633 Plaza Place  
City  
Tarpon Springs FL Zip Code 33764

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 *William E. Pixton*  
Signature, typed or printed name of registered agent and title if applicable.

5/2/05  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIXTON, WILLIAM 2649 PAGODA CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRILEY, DEBRA 2649 PAGODA CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary/Director Pixton, William 1633 Plaza Place Tarpon Springs, FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Axtan, Walter 2448 28th Avenue St. Petersburg, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pixton, Billy 3768 42nd Avenue North St. Petersburg, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Garza, Jorge 136 Bush Lane Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E. Pixton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

william 5/2/05  
E. Pixton  
Date

Daytime Phone #