2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400046067 1. Entity Name BILDAN ENTERPRISES, INC.					()2-02-2005 90	0054 004	***158.′	75
Principal Place of Business Mailing Address					j				
9842 NW 53RD COURT CORAL SPRINGS, FL 33076		9842 NW 53RD COURT Coral Springs, FL 33076					50	0094	47
					 				111 II 1101
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number 20 - 08	361532		 	plied For Applicable	
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required			tional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			<u>'</u>
BROWNING, WILLIAM C JR					***************************************				
9842 NW 53RD COURT CORAL SPRINGS, FL 33076				Street Address (P.O. Box Number is Not Acceptable)					
				City	ty FL Zip Code				
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 hame of registered agent and trifa if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing S5. Trust Fund Contribution. Adde									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND [DIRECTORS	IN 11
TITLE NAME	P BROWNING, WILLIAM C JR	☐ Delete	TITLE				I	Change	☐ Addition
STREET ADDRESS	9842 NW 53RD COURT			ET ADDRESS					
CITY-SI-ZIP	CORAL SPRINGS, FL 33076			-ST-ZIP					
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS				ET ADDRESS -S1-ZIP					
CITY-ST-ZIP		☐ De lete	TITLE		<u> </u>		-	Change	Addition
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NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP				_	
12. I hereby	certify that the information supplied will too this report or supplemental report i	this filing does not qualify for	r the exe	mption stated in Se	ection 119.07(3)(i)	Florida Statutes.	I further certi	y that the in	formation or director

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 fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation of the receiver of trustee and the proposed of the corporation of the receiver of trustee and the corporation of the receiver of trustee and the corporation of the corporation of the receiver of trustee and the corporation of the corpor

SIGNATURE:

MACUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

RESTORM

1/31/05

954- 494-5835 Daylime Pilone # ۶.