

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000088803

1. Entity Name
BILLY'S DOCKSIDE PIZZERIA, INC.



Principal Place of Business
1100 SIXTH AVENUE SOUTH
#11B
NAPLES, FL 34102 US

Mailing Address
1100 SIXTH AVENUE SOUTH
#11B
NAPLES, FL 34102 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3033179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM ESQ.
900 SIXTH AVENUE SOUTH
SUITE #203
NAPLES, FL 34102

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000606087
01/30/07-80064-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEFT, WILLIAM J
STREET ADDRESS 22 HASTINGS PLACE
CITY-ST-ZIP NAPLES, FL 34104

TITLE VP
NAME HEFT, COLETTE
STREET ADDRESS 22 HASTINGS PLACE
CITY-ST-ZIP NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

Colette Heft

1-15-07

239-430-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #