

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2008 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**



01222008 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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000809004
02/08/08-80005-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEFT, WILLIAM J 22 HASTINGS PLACE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEFT, COLETTE 22 HASTINGS PLACE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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**

239-430-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #