

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000133105

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** JON BILLINGS PLASTERPRO INCORPORATED

**Current Principal Place of Business:**

413 HOMESTEAD AVE.  
NE PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

413 HOMESTEAD AVE.  
NE PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 36-4580225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BILLINGS, CATHERINE A  
413 HOMESTEAD AVE.  
NE PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: BILLINGS, JON E  
Address: 413 HOMESTEAD AVE.  
City-St-Zip: NE PALM BAY, FL 32907

Title: ADO  
Name: BILLINGS, CATHERINE A  
Address: 413 HOMESTEAD AVE  
City-St-Zip: NE PALM BAY, FL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE BILLINGS

ADO

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date