

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P06000001374**

1. Entity Name  
**BILTRE, INC.**



**FILED**

08 JUL -9 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2678 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901

Mailing Address  
2678 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901



05212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4046003	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KINCADE, TERESA  
2678 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May be Added to Fees

600132655296  
07/10/08--01029--017 \*\*1088.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINCADE, WILLIAM E II 2678 MCGREGOR BOULEVARD FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KINCADE, TERESA A 2678 MCGREGOR BOULEVARD FORT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Teresa Kincaide  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/08 239-995-2883  
Date Daytime Phone #

*1/10/09*