

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P40737

1. Entity Name

THE BILMAR GROUP, INC.



Principal Place of Business

1320 GOLFVIEW ST.
AURORA IL 60506

Mailing Address

P.O. BOX 312
AURORA IL 60507
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number
36-3379391

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHMOND, WILLIAM L
(BILMAR GROUP INC)
1202 W CENTRAL BLVD STE G
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
RICHMOND, WILLIAM L.
1320 GOLFVIEW ST.
AURORA IL 60506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000472053
03/29/06-80021-010 150.00 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RICHMOND, MARK E.
37W681 CIGRAND CT
BATAVIA IL 60510 ☐ Delete

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CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *W. Richmond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

630
896 6622

Date

Daytime Phone #