

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90129 015 \*\*\*150.00

**DOCUMENT # P94000041221**

1. Entity Name  
**BILL & GERRIE'S ENTERPRISES, INC.**



Principal Place of Business  
**6890 NORTH FLORIDA AVENUE  
HOLDER, FL 34445 US**

Mailing Address  
**PO BOX 186  
HOSPER, FL 34445-0186 US**

**94084104**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State  
**HOLDER FL**

4. FEI Number  
**59-3250298**

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

**CONLEY, WILLIAM A  
7111 N CROTON PT  
HERNANDO, FL 34442**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D CONLEY, WILLIAM A  
7111 CROTON PT  
HERNANDO, FL 34442** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**PO BOX 186  
HOLDER FL 34445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D CONLEY, GERRIE L  
7111 N CROTON PT  
HERNANDO, FL 34442** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**PO BOX  
HOLDER FL 34445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: *Gerrie L. Conley* **GERRIE L. CONLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/04* **4/28/04 (352) 4895866**  
Date Daytime Phone #