

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**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  
HOLDER, FL 34445-0186 US**



07112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3250298**

Applied For
Not Applicable

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

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

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000570017  
07/13/06-80012-012 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CONLEY, WILLIAM A
STREET ADDRESS	PO BOX 186
CITY-ST-ZIP	HOLDER, FL 34445

TITLE	D
NAME	CONLEY, GERRIE L
STREET ADDRESS	PO BOX
CITY-ST-ZIP	HOLDER, FL 34445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Genie L Conley*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*7/12/06*  
**Date**

*352 4895866*  
**Daytime Phone #**