## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment wit

## Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P94000057804 1. Entity Name BILSKY ENTERPRISES, INC. Principal Place of Business Mailing Address 1114 SW 143 ST 1114 SW 143RD ST US NEWBERRY, FL 32669 US NEWBERRY, FL 32669 CR2E034 (10/03) 03112005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3277718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STUART BILSKY 1114 SW 143 ST NEWBERRY, FL 32669 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. DPST TITLE BILSKY, STUART NAME STREET ADDRESS 1114 SW 143 ST NEWBERRY, FL CITY-ST-ZIP U00000306697 04/15/05-80024-019 150.00 TITLE S BILSKY, ERICA NAME STREET ADDRESS 1114 SW 143 ST CITY-ST-ZIP NEWBERRY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

352-332-6626 Devime Prone #