

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 047 ***150.00

DOCUMENT # P95000060655

1. Entity Name
B.T. BUSINESS MACHINES, INC.



Principal Place of Business
**8862 SE RETREAT DR
HOBE SOUND, FL 33455 US**

Mailing Address
**8862 SE RETREAT DR
HOBE SOUND, FL 33455 US**

40073000



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0642067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIRILLO, ATTILIO
8862 SE RETREAT DR
HOBE SOUND, FL 33455**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIRILLO, ATTILIO
STREET ADDRESS	8862 SE RETREAT DR
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VPD
NAME	TIRILLO, BETTY M
STREET ADDRESS	8862 SE RETREAT DR
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	ST
NAME	BRACKETT, ROSANNA
STREET ADDRESS	130 BEACH HILL RD
CITY-ST-ZIP	MONT VERNON, NH 03067
TITLE	ST
NAME	BAYLISS, LOUISA
STREET ADDRESS	14771 64TH WAY NO
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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: Betty Tirillo V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/08 772-545-9449