


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 050 ***150.00

DOCUMENT # P96000041784

1. Entity Name
JOHN C. BILLS ENTERPRISES, INC.



Principal Place of Business Mailing Address
3950 RCA BLVD **3950 RCA BLVD**
#5000 **#5000**
PALM BEACH GARDENS, FL 33410 **PALM BEACH GARDENS, FL 33410**

40090673



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0666012 Not Applicable

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	
GARY, JOHN W III 701 U.S. HWY. ONE, SUITE 402 NORTH PALM BEACH, FL 33408		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILLS, JOHN C			NAME			
STREET ADDRESS	3950 RCA BLVD, #5000			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLOSKEY, THOMAS D JR.			NAME			
STREET ADDRESS	PO BOX 7759			STREET ADDRESS			
CITY-ST-ZIP	ASPEN, CO 81612			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES E			NAME			
STREET ADDRESS	3950 RCA BLVD, #5000			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILLS, JOHN CLARK			NAME			
STREET ADDRESS	3950 RCA BLVD. #5000			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ORD. JOHN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAD, JOHN			NAME			
STREET ADDRESS	PO BOX 7759			STREET ADDRESS			
CITY-ST-ZIP	ASPEN, CO 81612			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 those empowered

SIGNATURE: _____ DATE: **3/3/08** DAYTIME PHONE #: **561-627-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR