

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90048 021 \*\*\*150.00

**DOCUMENT # P96000044087**

1. Entity Name

**BARBILL VENTURES CORP.**



Principal Place of Business

1714 W. SR 84  
FT LAUDERDALE FL 33315  
US

Mailing Address

1714 W SR 84  
FT LAUDERDALE FL 33315  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0700617**

Applied For

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

**PORTER, WILLIAM P JR.  
1216 CITRUS ISLE  
FT. LAUDERDALE FL 33315**

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTER, WILLIAM P.	
STREET ADDRESS	1475 SE 15 ST, #306	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, WILLIAM P. J	
STREET ADDRESS	1216 CITRUS ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, BARBARA W.	
STREET ADDRESS	1475 SE 15 ST, 306	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAFFORD, DEBORAH PORTER	
STREET ADDRESS	46 MAPLE ST	
CITY-ST-ZIP	HAMILTON MA 01982	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, STEPHEN B.	
STREET ADDRESS	15 TALL TIMBER	
CITY-ST-ZIP	MT KISCO NY 10549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1475 SE 15 ST # 210	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 empowered.

**SIGNATURE:** *William P Porter* **william P Porter** **1/31/05** **954-4696755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #