

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000102571

1. Entity Name  
BILLS PAINTING, INC.



FILED

04 OCT -7 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1625 SW 1ST WAY  
UNIT C-11  
DEERFIELD BEACH, FL 33441

Mailing Address  
1625 SW 1ST WAY  
UNIT C-11  
DEERFIELD BEACH, FL 33441

*[Handwritten signature]*



08102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
1102 MARIPOSA DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1102 MARIPOSA DRIVE  
Suite, Apt. #, etc.

City & State  
PALM BAY, FL  
Zip  
32905-3731  
Country  
USA

City & State  
PALM BAY, FL  
Zip  
32905-3731  
Country  
USA

4. FEI Number  
65-0714709  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDE, WILLIAM  
1625 SW 1ST WAY  
UNIT C-11  
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1102 MARIPOSA DRIVE  
PALM BAY FL 32905-3731

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  
Due by September 8, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WALDE, WILLIAM G  
1625 SW 1ST WAY UNIT C-11  
DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WALDE, WILLIAM G  
1102 MARIPOSA DRIVE  
PALM BAY, FL 32905-3731 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200041604692  
10/05/04--01034--008 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-04