

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 mark]



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

PAUM BAY, FL

City & State

PAUM BAY, FL

4. FEI Number

65-0714709

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Zip Country
32905-3731 USA

Zip Country
32905-3731 USA

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

PAUM BAY

FL

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

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

TITLE: Delete
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CITY-ST-ZIP: Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Change Addition
NAME: **WALDE, WILLIAM G**
STREET ADDRESS: **1102 MARIPOSA DRIVE**
CITY-ST-ZIP: **PAUM BAY, FL 32905-3731**

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

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

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

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

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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 reports 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