


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000031213
 1. Entity Name
 BILL BOND AUTO SALES, INC.



Principal Place of Business Mailing Address
 2610 W. TENNESSEE STREET 2610 W. TENNESSEE STREET
 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3437267 Not Applicable

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

6. Name and Address of Current Registered Agent

BOND, WILLIAM H
 2610 W. TENNESSEE STREET
 TALLAHASSEE, FL 32304

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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 _____ DATE _____
(Print 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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

101	P	BOND, WILLIAM H
101A		941 PAUL THOMPSON RD
101B		MONTICELLO, FL 32344
102		
102A		
102B		
103		
103A		
103B		
104		
104A		
104B		

000000005383
 01/15/04-80050-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) Florida Statutes. I further certify that the information included in 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 I was designated as an attachment with an address, with all other like empowered.

SIGNATURE: William H Bond 1/13/04 850-574-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #