


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90017 028 ***150.00

DOCUMENT # P97000083836 1. Entity Name BILL ELTING, INC.			
Principal Place of Business 5470 SOUTHWEST 32ND PLACE OCALA, FL 34471		Mailing Address 5470 SOUTHWEST 32ND PLACE OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box # 6 Almond Drive Ct		3. Mailing Address 6 Almond Drive Ct	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ocala FL		City & State Ocala FL	
Zip 34472		Zip 34472	
Country 		Country USA	
4. FEI Number 59-3470391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELTING, WILLIAM A SR 5470 SE 32RD PL OCALA, FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6 Almond Drive Court City Ocala FL Zip Code 34472	
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 <u>William A. Elting Sr.</u> DATE <u>4-9-07</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELTING, WILLIAM A 5470 SOUTHWEST 32ND PLACE OCALA, FL 34471	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELTING, DENISE L 5470 SOUTHWEST 32ND PLACE OCALA, FL 34471	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: William A. Elting Sr. William A. Elting Sr. 4-9-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone #