2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90128 038 ***150.00

DOCUMENT # P97000103286

1. Entity Name
BILL LIGHT AUTO PLAZA, INC.

Principal Place of Business	Mailing Address
8242 COMMERCIAL WAY WEEKI WACHEE, FL 34613	POB 12429 BROOKSVILLE, FL 34603

02252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15223 Cortez Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Brooksville FL	
City & State	City & State
34613	
Zip / Country	Zip / Country

4. FEI Number 59-3480026 ☐ 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
LIGHT, WILLIAM D 8242 COMMERCIAL WAY WEEKI WACHEE, FL 34613	Name: William D. Light Street Address (P.O. Box Number is Not Acceptable): 15223 Cortez Blvd City: Brooksville FL Zip Code: 34613

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, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE:

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	V LIGHT, KATHLEEN M 8242 COMMERCIAL WAY WEEKI WACHEE, FL 34613	☐ Delete	V Light, Kathleen M. 15223 Cortez Blvd Brooksville, FL 34613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIGHT, WILLIAM D 8242 COMMERCIAL WAY WEEKI WACHEE, FL 34613	☐ Delete	P Light William D. 15223 Cortez Blvd Brooksville FL 34613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] v.p. Kathleen M. Light v.p. 2/26/07 (352) 597-7776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #