


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000054265		
1. Entity Name THE BILLING STATION, INC.		
Principal Place of Business 2426 SHERIDAN STREET HOLLYWOOD, FL 33020		Mailing Address 2426 SHERIDAN STREET HOLLYWOOD, FL 33020
DO NOT WRITE IN THIS SPACE		
		01042005 No Chg-P CR2E034 (1Q/03)
4. FEI Number 65-0845127		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LALIBERTE, SYLVIA 2426 SHERIDAN STREET HOLLYWOOD, FL 33020		DO NOT WRITE IN THIS SPACE
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALIBERTE, SYLVIA 2426 SHERIDAN STREET HOLLYWOOD, FL 33020	<div>U00000237254 02/21/05-80051-0091150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, ROGER 2426 SHERIDAN STREET HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREISDORF, LAWRENCE 2426 SHERIDAN STREET HOLLYWOOD, FL 33020	
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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: <u>Sylvia Laliberte</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/16/05</u> Daytime Phone # <u>954-925-6423</u>