

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90049 014 ***150.00

DOCUMENT # P98000054970

1. Entity Name

BILL FLEMING ENTERPRISES, INC.



Principal Place of Business

**7301 ONDICH RD
APOPKA FL 32712**

Mailing Address

**7301 ONDICH RD
APOPKA FL 32712**

94060101



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4301 Ondich Rd.
Suite, Apt. #, etc.

3. Mailing Address

4301 Ondich Rd.
Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32712

Country

Zip

32712

Country

4. FEI Number

59-3529576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELTON, PAMELA J
425 WEST COLONIAL DRIVE SUITE 302
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FLEMING, BILLY E**
STREET ADDRESS **3510 GLOCCA MORRA DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
NAME **FLEMING, MARTHA E**
STREET ADDRESS **3510 GLOCCA MORRA DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BILLY E. FLEMING** ☒ Change ☐ Addition
NAME **4301 Ondich Rd.**
STREET ADDRESS **APOPKA, FL 32712**
CITY-ST-ZIP

TITLE **MARTHA E. FLEMING** ☒ Change ☐ Addition
NAME **4301 Ondich Rd.**
STREET ADDRESS **APOPKA, FL 32712**
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #