

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088522

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** MR. BILL'S TRUCK LINE, INC.

## Current Principal Place of Business:

C/O C. FOREST 1900 W. COMMERCIAL BLVD  
103  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

C/O C. FOREST 1900 W. COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

## Current Mailing Address:

% ASSOCIATES ACCOUNTING  
PO BOX 590910  
FT. LAUDERDALE, FL 333550910

## New Mailing Address:

**FEI Number:** 65-0956475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

EDWARDS, WILLIAM B  
3610 SW 45 AVENUE  
HOLLYWOOD, FL 33023      US

## Name and Address of New Registered Agent:

EDWARDS, WILLIAM B  
C/O CATHERINEFOREST1900 W. COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309      US

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.

SIGNATURE: WILLIAM B. EDWARDS      04/26/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: PVSD      ( ) Delete  
Name: EDWARDS, WILLIAM B  
Address: C/O C. FOREST 1900 W. COMMERCIAL BLVD #10  
City-St-Zip: FT LAUDERDLE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD      (X) Change      ( ) Addition  
Name: EDWARDS, WILLIAM B  
Address: C/O C. FOREST 1900 W. COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDLE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. EDWARDS      PVSD      04/26/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date