


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000041851 1. Entity Name BILLY-BOBS SMALL ENGINE SALES & SERVICE, INC.	
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Principal Place of Business 4035 23RD AVE SW NAPLES, FL 34116 US	Mailing Address 4035 23RD AVE SW NAPLES, FL 34116 US
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DO NOT WRITE IN THIS SPACE

05042084 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3585197	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

**BLANTON, LONNIE C
3965 10TH AVE, SE
NAPLES, FL 34117**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**600036277126
3/04--01076--027 **150.00**

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: BURKE, MARY E
STREET ADDRESS: 2007 MASON HALL, KENTON ROAD
CITY-ST-ZIP: KENTON, TN 382334045

TITLE: PD
NAME: BLANTON, LONNIE
STREET ADDRESS: 3965 10TH AVE SE
CITY-ST-ZIP: NAPLES, FL 34117

TITLE: STD
NAME: BLANTON, CONNIE
STREET ADDRESS: 3965 10TH AVE SE
CITY-ST-ZIP: NAPLES, FL 34117

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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:

Connie Blanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

239-455-4125

Daytime Phone #