

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90048 013 \*\*\*150.00

**DOCUMENT # P99000050480**

1. Entity Name

BIL-MAD CORP.



Principal Place of Business

3410 STEEPLECHASE ROAD  
WESLEY CHAPEL FL 33543

Mailing Address

3410 STEEPLECHASE ROAD  
WESLEY CHAPEL FL 33543

2. Principal Place of Business - No P.O. Box #

37645 LAUEMAND DR.

Suite, Apt. #, etc.

3. Mailing Address

37645 LAUEMAND DR

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

DADE CITY FL

City & State

DADE CITY FL

4. FEI Number

59-3580859

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MADY F. SIDWELL

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

37645 LAUEMAND DR

City

DADE CITY

FL

Zip Code

33525

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

*Mady F. Sidwell*

Signature, typed or printed name of registered agent and title, if applicable

(Not) Registered Agent signature required when re-registering.

DATE

January 19, 2007

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	PSD	<input type="checkbox"/> Delete
NAME	SIDWELL, JAMES W	
STREET ADDRESS	3410 STEEPLECHASE ROAD	
CITY ST ZIP	WESLEY CHAPEL FL 33543	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SIDWELL, MADY F	
STREET ADDRESS	3410 STEEPLECHASE ROAD	
CITY ST ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. SIDWELL	
STREET ADDRESS	37645 LAUEMAND DRIVE	
CITY ST ZIP	DADE CITY FL 33525	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADY F. SIDWELL	
STREET ADDRESS	37645 LAUEMAND DR.	
CITY ST ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mady F. Sidwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADY F. SIDWELL 1/19/07 8139971327

Date

Daytime Phone #