

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050480

Entity Name: BIL-MAD CORP.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

27645 LAUEMAND DR
DADE CITY, FL 33525

New Principal Place of Business:

37645 LALLEMAND DR
DADE CITY, FL 33525

Current Mailing Address:

27645 LAUEMAND DR
DADE CITY, FL 33525

New Mailing Address:

37645 LALLEMAND DR
DADE CITY, FL 33525

FEI Number: 59-3580859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDWELL, MADY F
376 45 LALLEMAND DR
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SIDWELL, JAMES W
Address: 37645 LALLEMAND DR
City-St-Zip: DADE CITY, FL 33525

Title: VTD () Delete
Name: SIDWELL, MADY F
Address: 37645 LALLEMAND DR
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SIDWELL, MADY F
Address: 37645 LALLEMAND DR
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MADY SIDWELL

VP

02/26/2009

Electronic Signature of Signing Officer or Director

Date