2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 01, 2004 8:00 am Secretary of State 09-01-2004 90003 017 ***550.00 **DOCUMENT # S35682** BILNAN ENTERPRISES, INC. 54071187 Principal Place of Business Mailing Address 11840 TOTREE LANE 11840 TOTREE LANE JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3065243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIRMO, WILLIAM DO NOT WRITE 11840 TOTREE LN. JACKSONVILLE, FL 32223 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, 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ח TITI F CIRMO, WILLIAM F. II NAME STREET ADDRESS 11840 TOTREE LANE JACKSONVILLE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this time 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 to early 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 add

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED