2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K31221

1. Entity Name

BALLIETT FINANCIAL SERVICES, INC.



Principal Place of Business

631 S. ORLANDO AVE

SUITE 400

WINTER PARK, FL 32789-7120 US

Mailing Address

631 S. ORLANDO AVE

SUITE 400

WINTER PARK, FL 32789-7120 US

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90071 015 ***150.00



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04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2927379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLIETT, HOWARD E. 631 S. ORLANDO AVE STE 400 WINTER PARK, FL 32789

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WINTER PARK, FL 32/89			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	! ed office or r	egistered agent, or both,	in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	1 applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLIETT, HOWARD E. 631 S. ORLANDO AVE STE400 WINTER PARK, FL 32789			٠.,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME 1. 1.	_			. 	المراد والمحجود	

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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:

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP
TITLE
NAME
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lul Di

-Howard E. Balliett

4/11/05

407/740-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #