

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

04-17-2007 90236 007 ***150.00

DOCUMENT # M65657 1. Entity Name BALLARD PRINTING, INC.					
Principal Place of Business % JULIUS J. BALLARD 1233 LANE AVE., S. #11 JACKSONVILLE FL 32205			Mailing Address % JULIUS J. BALLARD 1233 LANE AVE., S. #11 JACKSONVILLE FL 32205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2867786 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLARD, JULIUS J. 1233 LANE AVE., S. #11 JACKSONVILLE FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Diane J. Ballard</i></u> <u><i>Julius J. Ballard</i></u> <u>4-6-07</u> Signature, typed or printed name of registered agent, and date, if applicable. (NOTE: Registered Agent's signature is required when registering.)					
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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BALLARD, JULIUS J. 1233 LANE AVE. S., #11 JACKSONVILLE FL 32205	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BALLARD, DIANE J. 1233 LANE AVE. S. #11 JACKSONVILLE FL 32205	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Julius J. Ballard</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR			<u>4/30/07</u> <u>904-783-4430</u> Date Citytime Phone #		