


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 031 ***150.00

DOCUMENT # 534067	
1. Entity Name C.R. "BOB" BALLARD INSURANCE AGENCY, INC	

Principal Place of Business 6326 WHISKEY CREEK DRIVE P.O. BOX 60225 FT. MYERS, FL 30906 US	Mailing Address 5500 DANA ROAD FT. MYERS, FL 33905 US
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business 5500 DANA ROAD Suite, Apt. #, etc.	3. Mailing Address 5500 DANA ROAD Suite, Apt. #, etc.
City & State FT. MYERS FL	City & State FT. MYERS FL
Zip 33905	Country USA

	
01102006 Chg-P	CR2E034 (11/05)
4. FEI Number 59-1748172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALLARD, CHARLES R. 5500 DANA ROAD FT. MYERS, FL 33905	
--------------------------------------------------------------------------------------------------------------------------	--

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLARD, CHARLES R.SR. 5500 DANA ROAD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALLARD, PATRICIA A 5500 DANA ROAD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALLARD, CHARLES R JR 5500 DANA ROAD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles R. Ballard Sr Signature, typed or printed name of signing officer or director	Date: 1/10/06 Daytime Phone #: (239) 693-9053