

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690466

Entity Name: BALLANTYNE GROVES, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

902 W PALMETTO ST  
WAUCHULA, FL 33873

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 325  
WAUCHULA, FL 33873

## New Mailing Address:

FEI Number: 59-2094305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULCAY, WILLIAM T JR  
902 W PALMETTO ST  
WAUCHULA, FL 33873 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: SD ( ) Delete  
Name: MULCAY, KATHERINE B  
Address: 902 W PALMETTO ST  
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete  
Name: PYLE, DEBORAH B  
Address: 2225 HIGHWAY 64A WEST  
City-St-Zip: WAUCHULA, FL 33873

Title: PD ( ) Delete  
Name: BALLANTYNE, MILDRED G  
Address: 113 ILLINOIS AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: VD ( ) Delete  
Name: MULCAY, WILLIAM T JR  
Address: 902 W PALMETTO  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEBORAH B. PYLE

TD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date