
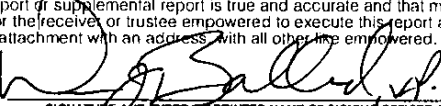


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90432 017 \*\*\*150.00

<b>DOCUMENT # F04000001665</b>					
1. Entity Name BALLARD CONSTRUCTION, INC.					
Principal Place of Business 320 BRIDGE STREET SYRACUSE, NY 27513			Mailing Address 320 BRIDGE STREET SYRACUSE, NY 27513		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04212006    Chg-P    CR2E034 (11/05)	
4. FEI Number 16-0921456				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONTRACTOR BUSINESS SERVICES, INC. 15409 US HIGHWAY 19 NORTH HUDSON, FL 34667				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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, WILLIAM F		NAME	William F. Ballard	
STREET ADDRESS	5045 CRANBERRY LANE		STREET ADDRESS	5045 Cranberry Lane	
CITY-ST-ZIP	FAYETTEVILLE, NY 13066		CITY-ST-ZIP	Fayetteville, NY 13066	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIERI, RICHARD L		NAME		
STREET ADDRESS	FIKES ROAD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, NY 13112		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, FREDERICK A II		NAME		
STREET ADDRESS	119 SOUTHWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NY 27519		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice-President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, WILLIAM J		NAME	William J. Ballard	
STREET ADDRESS	HOYLAKES DRIVE		STREET ADDRESS	4311 Arbutus Drive	
CITY-ST-ZIP	MANLIUS, NY 13104		CITY-ST-ZIP	Manlius, NY 13104	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, EDWARD B		NAME		
STREET ADDRESS	740 SAN ESTEBAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 line employees.					
SIGNATURE: 		William J. Ballard		4/21/06    315-468-6225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	