

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00**  
**Secretary of Stat**

**DOCUMENT # F76482**

1. Entity Name

**BARBARA BALL & ASSOCIATES, INC.**



Principal Place of Business

**C/O WIELAND, JEFFREY, P  
255 SOUTH ORANGE AVE., STE 1700  
ORLANDO, FL 32801-3483 US**

Mailing Address

**10 DALEGARTH AVE  
BOLTON, BL1-5-W, ENGLAND  
UNITED KINGDOM, BL1-5-W**



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2190700**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WIELAND, JEFFREY P  
255 SOUTH ORANGE AVE  
STE 1700  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CANNON, JAMES M
STREET ADDRESS	499 SR 434 STE 2015
CITY-ST-ZIP	ALTAMONTE SPGS, FL
TITLE	PTD
NAME	BALL, GRAHAM
STREET ADDRESS	FAIRHOLME DALGARTH AVE
CITY-ST-ZIP	BOLTON, U K 00000,
TITLE	V
NAME	BALL, NIGEL S
STREET ADDRESS	FAIRHOLME DALGARTH AVE
CITY-ST-ZIP	BOLTON, U K 00000,
TITLE	VD
NAME	SANJURJO, RALPH E
STREET ADDRESS	4041 ROSE PETAL LANE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	VSD
NAME	BALL, BARBARA
STREET ADDRESS	FAIRHOLME DALGARTH AVE
CITY-ST-ZIP	ORLANDO, FL 00000,

U000000663567  
03/22/07-80009-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Graham Ball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GRAHAM BALL**

**3/8/07**

Date **044 1204** Dorsing Phone **845960**